2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L07000031927

1. Entity Name RAPOSA FLORIDA REAL ESTATE INVESTMENTS, LLC



			1	TEST!					
Principal Place of Business 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223		Mailing Address 170 West Dearborn Street Englewood, FL 34223		6	0013349				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						HIH	
Suite, Apt. ≢. etc.		Suite, Apt. #, etc.		· -	01032008	Chg-LLC	CR2E083 (12		
City & State		City & State			4. FEI Numb	2-17511	7.2		plied For
Zip	Country	Zip	Country	_		of Status Desired	□ \$5.0 Fee R	0 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
DAVID A. DUNKIN, P.A. 170 WEST DEARBORN STREET ENGLEWOOD, FL FLORI-DA			Street A	oddress (P.O. Box Numb	er is Not Acceptable)	······	
:	No. 1		City	-		· 	FL Zi	p Code	9
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
SIGNATURE Signary Loading and the eleganical agriculative factions. CER adequired Agent gravity requestives the property and the factions.									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State			
9.6	MANAGING MEMBE	DC (MANACEDC	10.			ADDITIONS/	CHANCES		
TITLE	MGR	Delete	TUTLE	1		ADDITIONS	Characs C	2000	Addition
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CITY ST ZIP	WARREN, RI 02885		CITY ST ZIP						
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11. The reby certify that the information supplied with this filing does not qualify for the exemptors contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under ordin: that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 508. Florida Statutes.

The provided of the information supplied with this filing does not qualify for the exemptors contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under ordin that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 508. Florida Statutes.

AUGELIUA A. RAPOSA

2/26/08

FILED

Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90332 002 ***138.75