
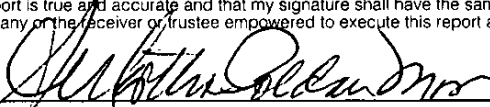


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90224 031 \*\*\*138.75

<b>DOCUMENT # L07000097366</b> 1. Entity Name <b>RIMAR INVESTMENTS, LLC</b>					
Principal Place of Business <b>10910 CAMERON COURT</b> <b>APT. # 206</b> <b>DAVIE, FL 33324 US</b>			Mailing Address <b>10910 CAMERON COURT</b> <b>APT. # 206</b> <b>DAVIE, FL 33324 US</b>		
2. Principal Place of Business - No P.O. Box # <b>14700 KIRSTEN COURT</b>		3. Mailing Address <b>14700 KIRSTEN CT</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>DAVIE, FL</b>		City & State <b>DAVIE, FL</b>		4. FEI Number <b>51-0648496</b>	
Zip <b>33325</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33325</b>		Country <b>USA</b>		03042008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>PRINCE A. DONNAHOE IV, P.A.</b> <b>1333 S. UNIVERSITY DRIVE</b> <b>SUITE 210</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, JOSE R 14700 KIRSTEN COURT DAVIE, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>14700 KIRSTEN COURT</b> <b>DAVIE, FL 33325</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROLDAN, MARTHA 10910 CAMERON COURT, APT. #206 DAVIE, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>10910 CAMERON CT. APT. #206</b> <b>DAVIE, FL 33324</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>3-4-08</b> Daytime Phone #: <b>954-495-0468</b>		