


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90400 019 ***138.75

DOCUMENT # L07000117417		
1. Entity Name RR 2007 INVESTMENTS LLC		

Principal Place of Business 3835 BOCA RATON BLVD S200 BOCA RATON, FL 33431 US	Mailing Address 3835 BOCA RATON BLVD S200 BOCA RATON, FL 33431 US
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00011007



2. Principal Place of Business - No P.O. Box # 3835 NW BOCA RATON BLVD Suite, Apt. #, etc. 200	3. Mailing Address 3835 NW BOCA RATON BLVD Suite, Apt. #, etc. 200
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02072008 Chg-LLC CR2E083 (12/06)

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431	Country USA

4. FEI Number 26 1455-496	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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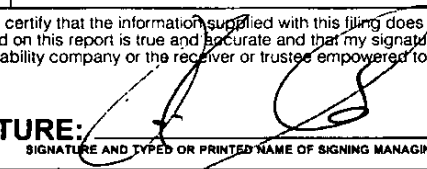
6. Name and Address of Current Registered Agent CHWATT, RICHARD 3835 BOCA RATON BLVD NW BOCA RATON BLVD S200 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: 2/14/08	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHWATT, RICHARD 3835 BOCA RATON BLVD S200 NW BOCA RATON BLVD BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STE 200 } correction, add "NW" <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
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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:  DATE: 2/14/08 561-362-0091 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
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