

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049321

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: RRLP, LLC

**Current Principal Place of Business:**

40 DEERWOOD DR.  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

N 1936 COUNTRY RD OA  
LACROSSE, WI 54601

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORTUNE, RODNEY  
40 DEERWOOD DR.  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORTUNE, RODNEY  
Address: 3412 CENTER POINT RD., NE  
City-St-Zip: CEDAR RAPID, IA 52402 US

Title: MGR ( ) Delete  
Name: FORTUNE, RUSSELL  
Address: N1936 COUNTY RD OA  
City-St-Zip: LACROSSE, WI 54601 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSSELL FORTUNE

MGR

02/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date