

**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

97 APR -4 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
<b>\$ 203.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT # L96000000315**

~~RRI LAND PARTNERS II, L.C.~~  
~~700 N. WICKHAM RD.~~  
~~SUITE 210~~  
~~MELBOURNE FL 32935~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

~~700 N. WICKHAM RD.~~  
~~SUITE 210~~  
~~MELBOURNE FL 32935~~

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
642 Donal Lane	P.O. Box 410247	03/12/1996	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	65-0549094	
Melbourne, Florida	Melbourne, Florida	5. Date of Last Report	6. Certificate of Status Desired
Zip	Country		\$8.75 Additional Fee Required <input type="checkbox"/>
32940			
	32941-0247		

7. Name and Address of Current Registered Agent

RENFRO, ROBERT M  
~~700 N. WICKHAM RD.~~  
~~SUITE 210~~  
~~MELBOURNE FL 32935~~

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

642 Donal Lane

Suite, Apt. #, etc.

City

Melbourne FL 32940

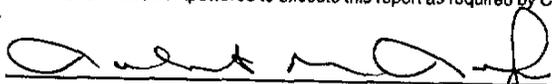
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RENFRO, ROBERT M	<del>435 MYRTLEWOOD RD.</del>	MELBOURNE FL
MGRM	RENFRO, MARY R	<del>435 MYRTLEWOOD RD.</del>	MELBOURNE FL
MGRM	HOOD, EUGENE L	642 Donal Lane	32940
MGRM	WALT'S, CHARLES C	<del>435 MYRTLEWOOD RD.</del> 642 Donal Lane 1340 S.W. SHORELINE DR.	MELBOURNE FL 32940 PALM CITY FL

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\*\*\*\*203.75 \*\*\*\*203.75  
4/4/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**  3-21-97 407-442-4824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER