

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

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~~

1a. Principal Place of Business Address

~~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.

2. Principal Place of Business

642 Donal Lane

Suite, Apt. #, etc.

2a. Mailing Address

P.O. Box 410247

Suite, Apt. #, etc.

City & State

Melbourne, Florida

City & State

Melbourne, Florida

Zip

32940

Country

Zip

32941-0247

Country

3. Date Organized or Qualified

03/12/1996

3a. State of Formation

FL

4. FEI Number

65-0549094

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

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

Zip Code

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
MGRM RENFRO, MARY R
MGRM HOOD, EUGENE L
MGRM WALT'S, CHARLES C

~~435 MYRTLEWOOD RD.~~
~~435 MYRTLEWOOD RD.~~
~~642 Donal Lane~~
~~435 MYRTLEWOOD RD.~~
~~642 Donal Lane~~
1340 S.W. SHORELINE DR.

MELBOURNE FL
MELBOURNE FL 32940
MELBOURNE FL 32940
PALM CITY FL

8000002137668--8
-04/09/97--01002--017
****203.75 ****203.75

J. Alan
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)(i), 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:

[Signature]

3-31-97

407-442-4824

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

Date

Daytime Phone #