

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001554 AF

DOCUMENT # L96000000315

1. Entity Name
RRI LAND PARTNERS II, L.C.

00 MAR 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3490 KENT DRIVE
MELBOURNE FL 32935

Mailing Address
P.O. BOX 410247
MELBOURNE FL 32941-0247

mf 4/10



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0549094

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORENGASSER, MARCUS
3490 KENT DRIVE
MELBOURNE FL 32935

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM RENFRO, ROBERT M ☐ Delete
STREET ADDRESS 642 DORAL LANE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003206935--8
CITY-ST-ZIP -04/13/00--01033--009
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGRM RENFRO, MARY R ☐ Delete
STREET ADDRESS 642 DORAL LANE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM STAFFORD, RONALD E ☐ Delete
STREET ADDRESS 521 WHISPERING PINES DR.
CITY-ST-ZIP MELBOURNE FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM STAFFORD, MARGERETTE ☐ Delete
STREET ADDRESS 521 WHISPERING PINES DR.
CITY-ST-ZIP MELBOURNE FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM BORENGASSER, MARCUS ☐ Delete
STREET ADDRESS 3490 KENT DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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: *SIGNATURE REQUIRED*

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

3/4/2000 221-244-4884

Date

Daytime Phone #

CR2E083 (9/99)