

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000315

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

FILED

01 MAR 15 PM 4:09

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~~



2. Principal Place of Business

3. Mailing Address  
3490 Kent Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Melbourne, FL

4. FEI Number 65-0549094

Applied For  
Not Applicable

Zip

Country

Zip  
32935

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200003893012-7  
-03/22/01-01073-015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/8/01

242-6336

CR2E083 (11/00)