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

| _ | | | ,, | · | · · | | | | | |
|--|----------------------|--|---------------------|---|---|--|---|-----------------------|-------------------------------|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT - 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | ortham State | FILED | | | | |
| FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee | | | | | | 97 APR 21 AM 8:34 | | | | |
| \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | SECRETARY OF STATE | | | | |
| 1 Name and Mailing Address of Limited Liability Company DOCUMENT #L9600000940 | | | | | TALLAHASSEE, FLORIDA | | | | | |
| R&A INVESTMENTS, L.C. 20803 BISCAYNE BLVD. #200 AVENTURA FL 33180 | | | | | 1a. Principal Place of Business Address 20803 BISCAYNE BLVD. #200 AVENTURA FL 33180 | | | | | |
| If above mailing address is incorrect in 2 Principal Place of Business | any way, line throug | | | information and enter correction in Block 2a. | | | 3. Date Organized or Qualified 3a. State of Formation | | | |
| 2/60 WELT PO | , sT. | 2a. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 09/05/1996 FL 4. FEI Number | | | | |
| | | | | | | Applied For | | | | |
| City & State | | City & State | | | | 65-0707 469 Not Applicable | | | | |
| HIAHLEMI, FL | | | | TACUE | | 5. Date of Last F | Report | 6. Certifica | ate of Status Desired | |
| HIAHLEAH, FL Zip Country 33016 U | SA | Zip | | Count | try | | | \$8.75 Addit | tional Ece Required | |
| | iress of Current Ro | egistere | d Agent | <u> </u> | 1 | 8. Name and Add | ress of New Re | gistered Ac | gent | |
| KORN, GARY A ESC | | | | | Name | | | | | |
| BEDZOW, KORN & KAN, P.A. 20803 BICAYNE BLVD. #200 AVENTURA FL 33180 | | | Street Address (| | | (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | City | ······································ | FL | Zip Code | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named Ilmite its registered office or registered agent, or both, In the State of Florida. Such change was authorized by affirm as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstatic | | | | | | ative vote of a majori | ubmits this state | | | |
| | embers/Managers | <u></u> | T | | ess Street Address | City, State and Zip Code | | | | |
| MGR KORN, GARY A | | | 20803 BISCAYNE BLVD | | | D. #200 AVENTURA FL | | | | |
| MGR GOBSTEIN, HAROLD | | | 1836 MOI | NTE | CARLO W | AY CORAL SPRINGS FL | | | | |
| | | | | ` 4 | | 70 | 0002 -04/22 ****2 | 150: /970 03.75 | 2979 1033011 ****203.75 | |
| 11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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: | | | | | | | | | | |