2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

Princing Place of Business	DOCUMENT # L9600000940 1. Entity Name R&A INVESTMENTS, L.C.					Thomas and the second	04-17-2006	5 90054 019 ***	*50.00
2.60 MARCH 1.3301 6	Principal Place of Business Mailing Address								
HALEAH, FL 33016	2160 WEST 80 STREET		•						
2. Principal Place of 18-siness 3. Maining Address 3. Maining Address 4. Fill Number 65-0707469 7. Maining Address 7. Name and Address of Current Registered Agent 7. Name and Address of Nature Desired Agent 7. Name and Address of Nature Principal Processing P									
Suite, Apl. #, etc. Suite, Apl. #, etc. 94072008 Chg.LLC CR2E083 (11/05)			CORAL SPRINGS, FL 33	3071		F 188 (1811 814		1911 8.1 111 6.1114 6.111 9.111	
City & State City	2. Principal Place of Business		3. Mailing Address						
Country Zip Country Zip Country Site Applicable Stop Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072006	Chg-LLC	CR2E083 (11/0	5)	
S. Cartificate of Status Deered Fee Required BORAKOVE, GERALD L 6196 N.W. 11 STREET, SUITE D SUNRISE, FL 33313 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floridos. I am familiar with, and accept the obligations of registered agent agent and twist addition. Filling Fee is \$50.00 Filling Fee is \$50.00 Filling Spaces speed or overd rune of registered agent and twist addition. MARK COBSTEIN, HAROLD SITE! AMME ORDET STREET ADDRESS OITY-ST-2P ORAL SPRINGS, FL 33071 TILE NAME STREET ADDRESS OITY-ST-2P OITY-ST-2P TILE NAME STREET ADDRESS OITY-ST-	-		City & State						
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature speak or private name of registered agent and site if applicable. (NOTE, Regatered Agent separative required when rematains) DATE					City FL Zip Code				
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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: LEAST FULL SIGNATURE SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/2016

954-581-8185