

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003275

1. Entity Name

R & R CAPITAL HOLDINGS, LLC

Principal Place of Business

2526 S.E. 20TH PLACE
HOMESTEAD FL 33035

Mailing Address

2526 S.E. 20TH PLACE
HOMESTEAD FL 33035-1311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0904348

Applied For

Not Applicable

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

ROSENBLUM, ROBERT D
2526 S.E. 20TH PLACE
HOMESTEAD FL 33035

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	<input type="checkbox"/> Delete
	MGRM	RUDD, WILLIAM T	2526 S.E. 20TH PLACE HOMESTEAD FL 33035	<input type="checkbox"/>
	MGRM	ROSENBLUM, ROBERT D	2526 S.E. 20TH PLACE HOMESTEAD FL 33035	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		13765 SW 90 AVE, # K101	MIAMI, FL 33176-6985	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Shoultan REF

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

April 10, 2000 305 2540891

Date

Daytime Phone #

CR2E083 (9/99)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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