2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT #L99000004850

FILED Jul 05, 2007 8:00 am Secretary of State 07-05-2007 90154 043 ****50.00

1. Entity Name R2 INTERNET VENTURES, L.L.C.											
Principal Place 2121 PONCE SUITE 820 CORAL GABLE	DE LEON B	LVD.	Mailing Address 2121 PONCE DE LEON BLVD. SUITE 820 CORAL GABLES, FL 33134								
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				07022007	Chg-LLC	CR2E	083 (12/06)	ı
City & State			City & State				4. FEI Numb	-			pplied For ot Applicable
Zip		Country	Zip	try	5. Certificate of Status Desired						
	6. Name	and Address of Current R	egistered Agent Nam			7. Name and Address of New Registered Agent					
											i
QUINTANA, J. LUIS 338 MINORCA AVENUE CORAL GABLES, FL 33134					Street Address (P.O. Box Number is Not Acceptable)						
									<u> </u>		
					City	City FL Zip Code					
	named entity ions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office o	r registere	ed agent, or be	oth, in the State of F	lorida, 1 am	familiar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent ar	d title if applicable. (NOT	E: Registered	d Agent signat	ure required :	when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 14, 2007									ke check p ia Departm	payable to nent of Stat	te
9.		MANAGING MEMBER	S/MANAGERS	10.		, –		ADDITIONS	CHANGES	}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2121 PON	URBINA-QUINTER NCE DE LEON BLVD., S ABLES, FL 33134	☐ Delete			212 Core	1 Ponce	es FL 331	Blvd. 34	⊠ Change Suite	Addition
TITLE	MGR		Delete	TITLE	:					Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP	2121 PON	LLA, HECTOR NCE DE LEON BLVD. SU ABLES, FL 33134	JITE 820		E Et address -st-zip	2121	Ponce	es, FL 331 de leon les, FL 3	Blud.	suite	800
TITLE	MGR	ABEE3, 1 E 33134	□ Delete	TITLE		CON	ax gajo	W, PL S	2124	- Change	☐ Addition
NAME STREET ADDRESS	LUCHSIN	GER, CARLOS ICE DE LEON BLVD. SI		NAMI		2121	Ponce	de leon R	stud.	Suite	800
CITY-ST-ZIP	CORAL G	ABLES, FL 33134		CITY	- ST - ZIP	Con	ral fal	des FL	33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				_		, 	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	CITY	E Et address -st-zip		0	Claids Course	further and	Change	Addition
11 Ibereby (certify that the	e information supplied with :	this filing does not qualify for	or the exe	mptions co	ontained i	n Unapter 119	3, Florida Statutes. I th: that I am a man:	iurmer certil	y (nai the int	ornation

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under dain; that it all limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND FIFED OR PRINTED HAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/2/07

305-476-2974 x 203