


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # L99000005603 1. Entity Name RRH MANAGEMENT & OPERATING CO., L.L.C.	
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Principal Place of Business 2305 SAGRAMORE PL. CAPE CORAL, FL 33914	Mailing Address 2305 SAGRAMORE PL. CAPE CORAL, FL 33914
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DO NOT WRITE IN THIS SPACE



01162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0952174	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE PASQUALE, FREDERICK ESQ.
 2305 SAGRAMORE PL.
 CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

0000000715878
 02/14/08-90026-025 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE PASQUALE, FREDERICK ESQ. 2305 SAGRAMORE PL. CAPE CORAL, FL 33914
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11. I hereby certify that the information supplied with this filing 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:  (239)
 _____ Date: 01/25/2008 Daytime Phone #: 940-7595

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