LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000005603

1. Entity Name

RRH MANAGEMENT & OPERATING CO., LLC



DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FEORIDA 3. Mailing Address 2. Principal Place of Business 1890 NW 82ND AVE 1890 NW 82ND AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State MIAMI, FL 650952174 MIAMI, FL Not Applicable \$5.00 Additional Country Zip 33126 Country Zip 33126 5. Certificate of Status Desired USA USA 7. Name and Address of Current Registered Agent Name PATRICA CARTAYA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1890 NW 82ND AVE City MIAMI 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

8. The above named ent the obligations of re

FEE IS \$50.00

SIGNATURE

PATRICIA CARTAYA

1 18/03

CR2E083B (12/02)

FILED

03 MAR 12 PM 2: 41

SECRETARY OF STATES

Make Check Payable to Florida Department of State DUE BY MAY 1

MANAGING MEMBERS/MANAGERS 9. TITLE TITLE MGR, PATRICIA CARTAYA NAME NAME 1890 NW 82ND AVE 500013983825 STREET ADDRESS STREET ADORESS MIAMI, FL 33126 03/12/03--n1n22--nñs CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 courate and that my signature shall have the same legal effect as it 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.

PATRICIA CARTAYA, MGR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*I 1*87/03 Date

Daytime Phone #