

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90036 033 \*\*\*\*50.00

**DOCUMENT # L99000005610**

1. Entity Name

**RRG MANAGEMENT & OPERATING CO., L.L.C.**

Principal Place of Business

C/O THOMAS J. DAVIS, JR.  
 150 ALHAMBRA CIRCLE, SUITE 1260  
 CORAL GABLES FL 33134

Mailing Address

C/O THOMAS J. DAVIS, JR.  
 150 ALHAMBRA CIRCLE, SUITE 1260  
 CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**526 Santander Ave**

3. Mailing Address

**526 Santander Ave**

Suite, Apt. #, etc.

**Suite 1**

Suite, Apt. #, etc.

**Suite 1**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

4. FEI Number

**65-0952583**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, THOMAS J JR.  
 150 ALHAMBRA CIRCLE, SUITE 1260  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Jennifer C. Finch**

Street Address (P.O. Box Number is Not Acceptable)

**526 Santander Ave, Suite 1**

City

**Coral Gables**

**FL**

Zip Code  
**33134**

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.

**Jennifer C. Finch**

(NOTE: Registered Agent signature required when reinstating)

**3/4/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ Delete  
 NAME **MGR**  
 STREET ADDRESS **CARPENTER, NORMAN A**  
 CITY-ST-ZIP **12403 NACOGDOCHES, #110**  
**SAN ANTONIO TX 78217**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME **MGR**  
 STREET ADDRESS **Medina, Luis**  
 CITY-ST-ZIP **175-B Dodge House, Palm Heights Drive**  
**Snug Harbor, Grand Cayman, Cayman Islands**  
☐ Change ☐ Addition  
**British West Indies**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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:**

**SIGNATURE REQUIRED**

**Luis Medina, Manager**

**(345) 945-5587**

**4/16/02**

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

Date

Daytime Phone

CR2E083 (9/01)