

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000005610

1. Entity Name
RRG MANAGEMENT & OPERATING CO., L.L.C.



**FILED
May 12, 2004 8:00 am
Secretary of State**

05-12-2004 90006 032 ****50.00

24074469



02232004 Chg-LLC CR2E083 (10/03)

Principal Place of Business
10832 N.W. 65TH WAY
ALACHUA, FL 32615

Mailing Address
% JENNIFER C. FINCH
426 NW 25TH ST.
GAINESVILLE, FL 32607

2. Principal Place of Business
426 NW 25th St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

Zip
32607 Country
USA

City & State

6. Name and Address of Current Registered Agent

FINCH, JENNIFER C
10832 N.W. 65TH WAY
ALACHUA, FL 32615

4. FEI Number
65-0952583

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

426 NW 25th St.

City
GAINESVILLE FL Zip Code
32607

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.

J. J. J. 2/23/04

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

2/23/04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR Delete
NAME MEDINA, LUIS
STREET ADDRESS 43 BARRACK ROAD, 2ND FLOOR
CITY-ST-ZIP BELIZE CITY, BELIZE,

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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.

J. J. J. LUIS MEDINA

SIGNATURE: *J. J. J.* LUIS MEDINA

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

FEB 27/04 011-501-223-3544

Date Daytime Phone #