
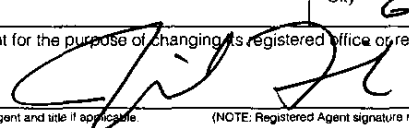
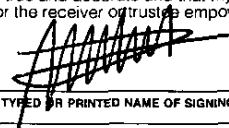


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L99000005610</b> 1. Entity Name <b>RRG MANAGEMENT &amp; OPERATING CO., L.L.C.</b>					
Principal Place of Business <b>10832 N.W. 65TH WAY ALACHUA, FL 32615</b>			Mailing Address <b>% JENNIFER C. FINCH 426 NW 25TH ST. GAINESVILLE, FL 32607</b>		
2. Principal Place of Business <b>426 NW 25TH ST.</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>GAINESVILLE, FL</b>			City & State Suite, Apt. #, etc.		
Zip <b>32607</b>			Country <b>USA</b>		
4. FEI Number <b>65-0952583</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>FINCH, JENNIFER C 10832 N.W. 65TH WAY ALACHUA, FL 32615</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>426 NW 25TH ST.</b> City <b>GAINESVILLE</b> FL Zip Code <b>32607</b>		
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 <b>2/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MEDINA, LUIS 43 BARRACK ROAD, 2ND FLOOR BELIZE CITY, BELIZE,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>LUIS MEDINA</b> <b>FEB 27/04</b> <b>011-501-223-3544</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**24074469**



02232004 Chg-LLC CR2E083 (10/03)