CR2E083 (11/00)

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| • | RS HOLDIN | IGS, L.L.C. | | | į | -11/1 | =D | | |
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| Principal Place of Business Mailing Address | | | | | , 01 | I DAN 30 | , m. ~7.5.TE | | |
| 200 S. BISCA MIAMI FL 331 | ayne BLVD Ste 131 | 2350 | 200 S. BISCAYNE BLVD. MIAMI FL 33131 | . STE 235 | o ' (| SECRETAR' ALLAHASS | Y OF STATE SEE, FLORIDA | | |
| 2. Principal Place of Business | | | 3. Mailing Address . | | | • | | j iii 80110 d iiii 80 111 | 8 |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE . | | |
| City & State | | | City & State | | | 4. FEI N | fumber 65-0962902 | -+-` | plied For at Applicable |
| Zip | 1 | Country | Zip | Соил | try | 5. Certif | ficate of Status Desired | \$5.00 Add | ditional |
| | 6. Name an | d Address of Current | Registered Agent | 1 . = | * * | 7. Name | e and Address of New Register | | <u> </u> |
| | | _ | | | Name | | | | |
| | ER, ANDREW | | | | Street Addre | reet Address (P.O. Box Number is Not Acceptable) | | | |
| 200 SOUTH BISCAYNE BLVD., STE 2350 | | | | | | | | | |
| MIAMI FL 33131 | | | | | City FL Zip Code | | | 8 | |
| 8. The above | named entity su | ubmits this statement for | r the purpose of changing its | registere | d office or rea | istered agent, o | or both, in the State of Florida. | | |
| SIGNATURE _ | · | | | | | | | | |
| - JOHA ONE | Signature, typed or pr | nnted name of registered agent a | and title if applicable. (NOT | E: Registered | Agent signature re | quired when reinstati | ng) DAT | E | |
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| | | | FILE N Make Check Pa | | EE IS \$50. Departme | | | | |
| 9. | | MANAGING MEMBE | Make Check Pa | yable to | · · · · · · · · · · · · · · · · · · · | | ADDITIONS / CHANG | SES | |
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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 as a securate 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:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #