


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000065 1. Entity Name R & R ALLIANCE, L.L.C.	
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Principal Place of Business C/O ENCORE RETIREMENT CENTERS, INC. 707 WESTCHESTER AVENUE, SUITE 401 WHITE PLAINS, NY 10604	Mailing Address C/O ENCORE RETIREMENT CENTERS, INC. 707 WESTCHESTER AVENUE, SUITE 401 WHITE PLAINS, NY 10604
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4088666	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEGAL, RICHARD D 707 WESTCHESTER AVE., #401 WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMONTAGNE, RAYMOND A 707 WESTCHESTER AVE., #401 WHITE PLAINS, NY 10604
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01/16/04-80051-007 50.00

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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 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:  **Richard Segal** **1/7/04** **(914) 683-8474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #