

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**



DOCUMENT # M01000001058

1. Entity Name  
RTR FUNDING LLC

FILED

2003 APR 18 AM 10:44

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11900 BISCAYNE BLVD. #460  
NORTH MIAMI, FL 33181

Mailing Address  
11900 BISCAYNE BLVD. #460  
NORTH MIAMI, FL 33181



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0922682

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

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

City

FL

Zip Code

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's signature required when remaining)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	LERCH, STEPHEN	11900 BISCAYNE BLVD. #460	NORTH MIAMI, FL 33181	<input type="checkbox"/>
MGRM	HENDERSON, GENE	11900 BISCAYNE BLVD. #460	NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/>
MGRM	BORGES, GREGORY	11900 BISCAYNE BLVD. #460	NORTH MIAMI, FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			200016340112		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Gregory R. Borges MGRM GREGORY R. BORGES 4/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date City/State/Phone #

CR2E083 (10/02)



CORPORATION SERVICE COMPANY™

FILED

2003 APR 18 AM 10:45

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 058541 4338892

AUTHORIZATION :

*Patricia Pignato*

COST LIMIT : \$ 150.00

*55.00*

ORDER DATE : April 18, 2003

ORDER TIME : 3:50 PM

ORDER NO. : 058541-020

CUSTOMER NO: 4338892

CUSTOMER: Mr. Gregory Borges  
Idine Rewards Network, Inc.  
11900 Biscayne Blvd.  
Suite 460  
Miami, FL 331812708

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 APR 18 PM 4:34

RECEIVED

ANNUAL REPORT FILING

NAME: RTR FUNDING LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: \_\_\_\_\_