

*\* Amended \**  
**2001 UNIFORM BUSINESS REPORT (UBR)**


0019552 AF

**DOCUMENT #** L00000004836  
**1. Entity Name**  
 RKR DEVELOPMENT, LLC

<b>Principal Place of Business</b> 4821 CORONADO PARKWAY CAPE CORAL FL 33904	<b>Mailing Address</b> 4821 CORONADO PARKWAY CAPE CORAL FL 33904
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
 02 JUN -6 AM 11:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1028214	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
 POWELL, WILLIAM M  
 POWELL & STEINBERG, P.A.  
 3515 DEL PRADO BLVD., SUITE 101  
 CAPE CORAL FL 33904

**7. Name and Address of New Registered Agent**

<b>Name</b>	John Gallagher
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	3501 Del Prado Blvd
	Suite 204
<b>City</b>	Cape Coral FL
<b>Zip Code</b>	33904

**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.**

SIGNATURE \_\_\_\_\_ DATE 4/29/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

300005754003--8  
 -06/11/02--01098--001  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b>	<b>MGR</b>	<input type="checkbox"/> Delete
<b>NAME</b>	RKR MANAGEMENT, INC.	
<b>STREET ADDRESS</b>	4821 CORONADO PARKWAY	
<b>CITY-ST-ZIP</b>	CAPE CORAL FL 33904	

**10. ADDITIONS / CHANGES**

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	P T HAAG, KEVIN D
<b>STREET ADDRESS</b>	4821 CORONADO PARKWAY
<b>CITY-ST-ZIP</b>	CAPE CORAL, FL 33904
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	MAUL, ANTHONY R.
<b>STREET ADDRESS</b>	2418 SE 28th Street
<b>CITY-ST-ZIP</b>	CAPE CORAL, FL 33904
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LAC 50 Temp ID
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Anthony R. Maul

4/29/02

CR2E083 (11/00)