

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014889

Entity Name: RCL DEVELOPMENT, LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

5099 NORTH A1A, SUITE A
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

5099 NORTH A1A, SUITE A
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 65-0165718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKETT, BRUCE ESQ.
COLLINS, BROWN, CALDWELL, BARKETT & GARVAG
756 BEACHLAND BOULEVARD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LYLES, ROBERT C
Address: 255 OCEAN WAY
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: AMES, CHARLES
Address: 20 WAXMYRTLE WAY
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: SEGALAS, HERCULES
Address: 10625 WITTINGTON AVE.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT C LYLES JR

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date