

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90001 050 \*\*\*\*55.00

DOCUMENT # L02000031635



1. Entity Name  
 RK COURT PARTNERS LLC

Principal Place of Business: 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434  
 Mailing Address: 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



MOORE CR2E083 (11/03)

4. FEI Number: 81-0582528  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 SCHMIER, ROBERT J  
 7777 GLADES ROAD, SUITE 310  
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

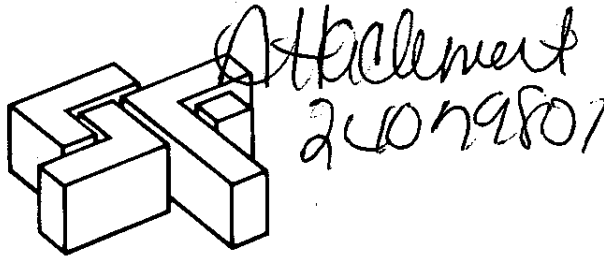
**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: SCHMIER, ROBERT J MGRM STREET ADDRESS: 7777 GLADES ROAD, SUITE 310 CITY-ST-ZIP: BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE: MGRM NAME: FEURRING, DOUGLAS R MGRM STREET ADDRESS: 7777 GLADES ROAD, SUITE 310 CITY-ST-ZIP: BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J. Schmier Robert J. Schmier, Managing Member 8/11/04 561-483-8400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



## Schmier & Feurring Properties, Inc.

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August 11, 2004

Division of Corporations  
Annual Report Section  
P. O. Box 6850  
Tallahassee, FL 32314

re: Park Court Partners LLC  
FEI No. 81-0582528  
Document L02000031635

Dear Sir/Madam:

Enclosed is our annual filing fee for Park Court Partners LLC. We have requested a Certificate of Status and have added the \$5.00 fee into the check for a total of \$55.00. Please forward the Certificate to the address on the AR form attached.

Should you have any questions, please contact me at (561) 488-5102.

Sincerely,

Marilyn Purcell  
Assistant to R. Schmier

/mp  
Encls.