

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067732

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA RGP LLC

**Current Principal Place of Business:**

13255 SW 135 AVENUE  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

1313 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-4311474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERO, MANUEL  
1313 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134 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/MANAGERS:**

Title: T ( ) Delete  
Name: RIVERO, MANUEL  
Address: 1313 PONCE DE LEON BLVD, SUITE 201  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RIVERO MANUEL

T

04/24/2009

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