


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90063 048 ***138.75

DOCUMENT # L07000103524

1. Entity Name
RMT SUNNY HILLS, LLC



Principal Place of Business
1801 N. MILITARY TRAIL, SUITE 200
C/O HODGSON RUSS LLP
BOCA RATON, FL 33431

Mailing Address
1801 N. MILITARY TRAIL, SUITE 200
C/O HODGSON RUSS LLP
BOCA RATON, FL 33431



2. Principal Place of Business - No P.O. Box #
10929 Old Bridgeport Lane

3. Mailing Address
(Same)

City & State
Boca Raton FL

City & State
(Same)

Zip
33498

Country
USA

01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
302483066

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DUFFEY, BRIAN K
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Randall Taubman

Street Address (P.O. Box Number is Not Acceptable)
10929 Old Bridgeport Ln

City
Boca Raton

State
FL

Zip Code
33498

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 *Randall Taubman* **RANDALL TAUBMAN agent 2-9-08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAUBMAN, RANDALL		NAME		
STREET ADDRESS	1801 N. MILITARY TRAIL, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Randall Taubman* **Randall Taubman agent 2-9-08** **376-6759**

Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #