

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-13-2008 90063 049 ***138.75



DOCUMENT # L07000103556
 1. Entity Name
 RMT SOUTHFIELD, LLC

Principal Place of Business Mailing Address
 % HODGSON RUSS LLP % HODGSON RUSS LLP
 1801 N. MILITARY TRAIL, SUITE 200 1801 N. MILITARY TRAIL, SUITE 200
 BOCA RATON, FL 33431 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 10929 Old Bridgeport Lane (Same)
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Boca Raton
 Zip Country Zip Country
 33498 USA

01112008 Chg-LLC CR2E083 (12/06)
 4. FEL Number Applied For
 302483066 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 RANDELL TAUBMAN
 Street Address (P.O. Box Number is Not Acceptable)
 10929 Old Bridgeport Lane
 City Boca Raton 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* 2-9-2008
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAUBMAN, RANDALL DR. 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* 2-9-08 561-376-6759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #