

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # L99000007167

**1. Entity Name
RT-NOKOMIS, LLC**



**Principal Place of Business
156 SAND DOLLAR LANE
SARASOTA, FL 34242**

**Mailing Address
156 SAND DOLLAR LANE
SARASOTA, FL 34242**

DO NOT WRITE IN THIS SPACE



01082004No Chg-LLC

CR2E083 (10/03)

**4. FEI Number
65-0957130**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000063740
02/23/04-80174-010 55.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TAPLINGER, ROBERT
156 SAND DOLLAR LANE
SARASOTA, FL 34242**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROBERT TAPLINGER 2-18-04 9413462800