APPROVED
AND
FILED

01 JAN 16 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009346

1. Entity Name
RPK HOUSING, L.L.C.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
599 W. Putnam Avenue	
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc.
City & State Greenich, CT	City & State
Zip / Country 06830-6005 / USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1566580
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEON J WOLFE BERMAN WOLFE RENNERT VOGEL & MANDLER 100 Southeast Second Street Suite #3500 Miami, FL 33131	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.

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

FILING FEE IS $50.00
Make Check Payable to Secretary of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	The Richman Group of Florida, INC		NAME	700003572617--6
STREET ADDRESS	319 Clematis Street, #901		STREET ADDRESS	-01/24/01--01021--036
CITY-ST-ZIP	West Palm Beach, FL 33401		CITY-ST-ZIP	*****55.00 *****55.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	700003572617--6
STREET ADDRESS			STREET ADDRESS	-01/24/01--01021--037
CITY-ST-ZIP			CITY-ST-ZIP	******5.00 ******5.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☒ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

1-16-01

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.

David Salvman, VP; DAVID SALVMAN, V.P.