2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 31, 2008 08:00 AN **Secretary of State**

DOCUMENT 1. Entity Name R.T.C, LLC	# L050000 ⁻	18045					
Principal Place of Business	3	Mailing Address					
8469 NITTANY DR Melrose, FL 32666	US	POST OFFICE BOX 253 KEYSTONE HEIGHTS, FL 3265	6 US				

01172008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2388970 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVIERE, WALTER E III DO NOT WRITE 8469 NITTANY DR MELROSE, FL 32666 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, typed or printed name of registered agent and title if applicable ., (NOTE, Registered Agen(signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE RIVIERE, WALTER E III NAME 8469 NITTANY DR STREET ADDRESS CITY-ST-ZIP MELROSE, FL 32666 MGRM TITLE RIVIERE, JULIA M 000000809079 02/08/08-80007-018 138.75 NAME STREET ADDRESS 8469 NITTANY DR MELROSE, FL 32666 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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: _	Warter	E. P. TRD	0112	8/08 (362)	+75-271
SIGNATURE AN	ID TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, OR AUTHORIZED I	REPRESENTATIVE \ \ \ Oati	te Daytime Pi	hone #