

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088659

FILED
Mar 18, 2009
Secretary of State

Entity Name: RGP TOWER GROUP, LLC

Current Principal Place of Business:

2141 ALTERNATE A1A SOUTH
SUITE 440
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

2141 ALTERNATE A1A SOUTH
SUITE 440
JUPITER, FL 33477

New Mailing Address:

FEI Number: 61-1491945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALEY, DAVID J
2141 ALTERNATE A1A SOUTH
SUITE 440
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARLAN, GINN
Address: 2141 ALTERNATE A1A SOUTH, SUITE 440
City-St-Zip: JUPITER, FL 33477

Title: MGRM () Delete
Name: RICHARDS, SCOTT D
Address: 2141 ALTERNATE A1A SOUTH, SUITE 440
City-St-Zip: JUPITER, FL 33477

Title: MGRM () Delete
Name: PALEY FAMILY REVOCAB, LE TRUST
Address: 4057 DORADO DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT RICHARDS

MGRM

03/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date