2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # L00000002212 04-15-2005 90020 039 ****50.00 RLC DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 137 W ROYAL PALM RD*** 137 W ROYAL PALM RD **BOCA RATON FL 33432-3831 BOCA RATON FL 33432-3831** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State 65-1015910 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RETZSCH; BRUCE W Street Address (P.O. Box Number is Not Acceptable) 798 ELM TREE LANE **BOCA RATON FL 33486** 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. 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS / MANAGERS 9. 10. MGR Change Addition TITLE ☐ Delete TITLE RETZSCH, BRUCE W NAME NAME STREET ADDRESS 798 ELM TREE LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP Addition TITLE ☐ Detete LANAO, LUIS A STREET ADDRESS 9788 LANCASTER PLACE STREET ADDRESS CITY-ST-7IP BOCA RATON FL 33434 CITY-ST-ZIP Addition TITLE ☐ Defete TITLE Caycedo. Cuan C. 5560 N.E. 7th Ave. NAME NAME CAYCEDO, JUAN C STREET ADDRESS STREET ADDRESS 1049 W. PALMETTO PARK RD. Boca Raton. FL 33487 CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

FILED

PRUCE W. RETZSCH, MOP/MP204. 11.05
HING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Date SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN

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 feet view or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.