2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000002212

1. Entity Name
RLC DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
137 W ROYAL PALM RD BOCA RATON, FL 33432-3831	137 W ROYAL PALM RD BOCA RATON, FL 33432-3831

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03312006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1015910

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RETZSCH, BRUCE W
798 ELM TREE LANE
BOCA RATON, FL 33486

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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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RETZSCH, BRUCE W
STREET ADDRESS	798 ELM TREE LANE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	MGR
NAME	LANAO, LUIS A
STREET ADDRESS	9788 LANCASTER PLACE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGR
NAME	CAYCEDO, JUAN C
STREET ADDRESS	5560 NE 7TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80091-004 50.00

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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: _____ 03.31.06 561.393.6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #