

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90169 045 \*\*\*\*50.00

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<b>DOCUMENT # L00000002212</b> 1. Entity Name RLC DEVELOPMENT, L.L.C.					
Principal Place of Business 137 W ROYAL PALM RD BOCA RATON, FL 33432-3831			Mailing Address 137 W ROYAL PALM RD BOCA RATON, FL 33432-3831		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  RETZSCH, BRUCE W 798 ELM TREE LANE BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name <u>Bruce W. Retzsch</u> Street Address (P.O. Box Number is Not Acceptable) <u>1511 SW 1st Avenue</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33432</u> <i>same address change only</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RETZSCH, BRUCE W 798 ELM TREE LANE BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bruce W. Retzsch 1511 SW 1st Avenue Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANAO, LUIS A 9788 LANCASTER PLACE BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYCEDO, JUAN C 5560 NE 7TH AVE BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Bruce W. Retzsch</u>			Date: <u>03.19.07</u> Daytime Phone #: <u>561.393.6555</u>		