


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90159 020 ***138.75

| | | | | | |
|--|--|---------------------------------|---|--|--|
| DOCUMENT # L00000002212 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 Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 65-1015910 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | 04102008 Chg-LLC CR2E083 (12/06) | | |
| 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>RETZSCH, BRUCE W</u> Street Address (P.O. Box Number is Not Acceptable) <u>137 W. ROYAL PALM RD</u> City <u>BOCA RATON</u> FL Zip Code <u>33432</u> | |
| 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 <u>[Signature]</u> DATE <u>4-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RETZSCH, BRUCE W 1511 SW 1ST AVE BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RETZSCH, BRUCE W 137 W ROYAL PALM RD BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LANAO, LUIS A 9788 LANCASTER PLACE BOCA RATON, FL 33434 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LANAO, LUIS A 137 W ROYAL PALM RD BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CAYCEDO, JUAN C 5560 NE 7TH AVE BOCA RATON, FL 33487 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CAYCEDO, JUAN C 137 W ROYAL PALM RD BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR [Blank] [Blank] [Blank] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] [Blank] [Blank] [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR [Blank] [Blank] [Blank] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] [Blank] [Blank] [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>[Signature]</u> | | | Bruce W. Retzsch 04-14-08 561.793.6555 | | |