

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90283 021 \*\*\*\*50.00

**DOCUMENT # L00000005751**

1. Entity Name  
RGC, LLC



Principal Place of Business  
48 MARSEILLES DR.  
NAPLES, FL 34112

Mailing Address  
10688-C CRESTWOOD DRIVE  
MANASSAS, VA 20109

**DO NOT WRITE IN THIS SPACE**



01262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3654429

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STAPLES, CHARLES K  
18086 SE VILLAGE CIR.  
TEQUESTA, FL

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME FORE GOLF PARTNERS, LLC  
STREET ADDRESS 10688 C CRESTWOOD DR.  
CITY-ST-ZIP MANASSAS, VA 20109

TITLE MGR  
NAME STAPLES, CHARLES K  
STREET ADDRESS 18086 SE VILLAGE CIRCLE  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/2/05  
Date

703-367-7237  
Daytime Phone #