

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000013195

1. Entity Name
RKP, L.L.C.



Principal Place of Business
**1600 SOUTH KANNER HWY.
STUART, FL 34997**

Mailing Address
**1880 SW. SUNSET TR
PALM CITY, FL 34990**



01202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1050909

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRENTICE, REX N
1880 SW SUNSET TR
PALM CITY, FL 34990**

**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**

UN00000197143
01/26/05-80099-018 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------|
| TITLE | MGRM |
| NAME | PRENTICE, REX N |
| STREET ADDRESS | 1880 SW SUNSET TR. |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | ST |
| NAME | PRENTICE, KELLE R |
| STREET ADDRESS | 1880 SW SUNSET TR |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| 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)(f), 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] **REX N. PRENTICE**

1-20-05 712-260-6251

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

Date

Daytime Phone #