


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90010 040 \*\*\*\*55.00

<b>DOCUMENT #</b> L00000013195	
<b>1. Entity Name</b> RKP, L.L.C.	

<b>Principal Place of Business</b> 1600 SOUTH KANNER HWY. STUART, FL 34997	<b>Mailing Address</b> 1880 SW. SUNSET TR PALM CITY, FL 34990
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<b>2. Principal Place of Business</b> 1880 SW SUNSET Tr.	<b>3. Mailing Address</b> P.O. Box 1817
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Palm City FL.	<b>City &amp; State</b> STUART FL.
<b>Zip</b> 34990	<b>Zip</b> 34995
<b>Country</b> MARTIN	<b>Country</b> MARTIN



03232006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 65-1050909	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  PRENTICE, REX N 1880 SW SUNSET TR PALM CITY, FL 34990
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENTICE, REX N 1880 SW SUNSET TR. PALM CITY, FL 34990 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ST PRENTICE, KELLE R 1880 SW SUNSET TR PALM CITY, FL 34990 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<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 606, Florida Statutes.

**SIGNATURE:** REX N. PRENTICE [Signature] 3-22-06 772-260-6251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

772-260-6251