

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008794

FILED  
Jan 14, 2004  
Secretary of State

**Entity Name:** R.C. REALTY HOLDING II, LLC

**Current Principal Place of Business:**

623 E. ATLANTIC BLVD., SUITE 6071  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

623 E. ATLANTIC BLVD., SUITE 6071  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 65-1114205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ENTRIKEN, RICHARD  
Address: 623 E. ATLANTIC BLVD., SUITE 6071  
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM ( ) Delete  
Name: DOHERTY, CHRISTOPHER J  
Address: 623 E. ATLANTIC BLVD SUITE 6071  
City-St-Zip: POMPANO BEACH, FL 33068

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTOPHER J. DOHERTY

MGRM

01/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date