

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90042 008 ****55.00

DOCUMENT # L01000010607

1. Entity Name
RSVP GROUP, LLC



Principal Place of Business
27001 US HWY 19 N
SUITE 2095
CLEARWATER, FL 33761

Mailing Address
27001 US HWY 19 N
SUITE 2095
CLEARWATER, FL 33761

40027019



02282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3730276

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLLACK, LOREN M
27001 US HWY 19 N
SUITE 2095
CLEARWATER, FL 33761

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POLLACK, LOREN M
STREET ADDRESS	27001 US HWY 19 N, STE 2095
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	MGRM X
NAME	SMITH, DAVID X
STREET ADDRESS	27001 US HWY 19 N, STE 2095
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	MGRM X
NAME	REIER, TYLER D
STREET ADDRESS	13200 WINTER ROAD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	MGRM X
NAME	WINTER, DAVID X
STREET ADDRESS	13200 WINTER ROAD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	MGRM
NAME	Ivy Realty Trust
STREET ADDRESS	27001 US Hwy 19 N, Ste 2095
CITY-ST-ZIP	Clearwater, FL 33761
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 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: *Loren M. Pollack* Loren M Pollack

3/23/06

727 796-1077

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

Date

Daytime Phone #