

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90295 024 \*\*\*\*55.00

**DOCUMENT # L01000015392**

1. Entity Name  
**RSG HOLDINGS LLC**

Principal Place of Business  
**600 W ROYAL PALM RD  
 BOCA RATON FL 33486**

Mailing Address  
**600 W ROYAL PALM RD  
 BOCA RATON FL 33486**



MOORE CR2E083 (11/03)

2 Principal Place of Business  
**300 S.W. 2nd Street**

3 Mailing Address  
**300 SW 2nd Street**

Suite, Apt. #, etc  
**Suite 7**

Suite, Apt. #, etc  
**Suite 7**

City & State  
**FORT LAUDERDALE FL**

City & State  
**FORT LAUDERDALE FL**

Zip  
**33312**

Country  
**FLORIDA**

Zip  
**33312**

Country  
**FLORIDA**

4. FEI Number  
**65-1135447**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENBERG, RICHARD S  
 600 W ROYAL PALM RD  
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name  
**RICHARD S. GREENBERG**

Street Address (P.O. Box Number is Not Acceptable)  
**11350 N.W. 23rd Street**

City  
**PLANTATION**

State  
**FL**

Zip  
**33323**

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 **Richard S. Greenberg** (Signature, typed or printed name of registered agent and title if applicable) **Richard S Greenberg** (NOTE: Registered Agent signature required when reinstating) **3-3-04** (DATE)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GREENSBERG, RICHARD S 600 W ROYAL PALM RD BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Richard S. Greenberg 11350 N.W. 23rd Street PLANTATION FL 33323</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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 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: **Richard S. Greenberg** (Signature and typed or printed name of signing managing member, manager, or authorized representative) **3-2-04 954 764 6977** (Date Daytime Phone #)