2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L01000016280 Jan 07, 2005 08:00 AM 1. Entity Name **Secretary of State RK-721 ENTERPRISES, LLC** Principal Place of Business Mailing Address 9500 SOUTH DADELAND BLVD. 9500 SOUTH DADELAND BLVD. SUITE 550 SUITE 550 MIAMI, FL 33156 MIAMI, FL 33156 01032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1153135 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAIGE, ROBERT E ESQ. DO NOT WRITE 9500 SOUTH DADELAND BLVD. SUITE 550 IN THIS SPACE MIAMI, FL 33156 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS MGRM TITLE PAIGE, ROBERT E NAME STREET ADDRESS 9500 SOUTH DADELAND BLVD. CITY-ST-ZIP MIAMI, FL 33156 TITLE U00000174493 NAME 01/10/05-80013-006 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 report or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TOPED OR RINTED NAM

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Oaytime Phone #