2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000003184

1. Entity Name RCGCS, LLC



Principal Place of Business

14108 HARBOR LANE PALM BEACH GARDENS, FL 33410 Mailing Address

180 ROYAL PALM WAY, SUITE 201 PALM BEACH, FL 33480

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90054 035 ****50.00

GOCTCONS



04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-1005188 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TARONE, THEODORE T JR 180 ROYAL PALM WAY, SUITE 201 STAMBAUGH & TARONE, P.A. PALM BEACH, FL 33480

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. (f	NOTE: Registered	Agent signature required when reinstating)	DATE
Filling Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	HIGLEY, JOHN			
STREET ADDRESS	14092 HARBOR LANE			
CITY-\$T-ZIP	PALM BEACH GARDENS, FL 33410			
TITLE	MGR			
NAME	CORCORAN, DANIEL			
STREET ADDRESS	14108 HARBOR LANE			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			
TITLE				
NAME				
STREET ADDRESS			DO NOT W	/DITE
CITY-ST-ZIP			DO NOT W	KIIE
TITLE			IN THIS SI	
NAME			IN THIS ST	ACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME .				

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:

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

Arthurised Royan

4-28-05

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

Dete

Daytime Phone #