2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90332 027 ****50.00

DOCUI 1. Entity Nam RCGCS, I					05-01-200)7 90332 027 **	**50.00	
Principal Place of Business 14108 HARBOR LANE PALM BEACH GARDENS, FL 33410		Mailing Address 180 ROYAL PALM WAY, SUITE 201 PALM BEACH, FL 33480			6	004739	В	
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	******					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04302007	Chg-LLC	CR2E083 (12/0	5)
City & State	е	City & State	***		4. FEI Numbe 20-1005			Applied For Not Applicable
Zìp	Country	Zip .	Country		·	of Status Desired	□ \$5.00 Å	dditional
	6. Náme and Address of Current	Registered Agent			7. Name and	Address of New F	Fee Requ	ired
	1 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Name					
TARONE, THEODORE T JR 180 ROYAL PALM WAY, SUITE 201 STAMBAUGH & TARONE, P.A.				Street Address (P.O. Box Number is Not Acceptable)				
	ACH, FL 33480							
			City				FL Zip C	ode
8. The above the obligati	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office of	r register	ed agent, or both	h, in the State of Flo	orida. I am familiar wi	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and tille if popherbie	E: Registered Agent signs					
•		(1751)	at the group to the stage of	CO-C TONION CO	mich ich statilig/		DATE	
Fi De	lling Fee Is \$50.00 ue by May 1, 2007						se check payable to a Department of Si	
Di	ue by May 1, 2007	RS/MANAGERS	10			Florid	a Department of Si	
9.	ling Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10. 111LE	I			a Department of Si	ate
9. TITLE NAME	MANAGING MEMBE MGR HIGLEY, JOHN		TITLE NAME			Florid	A Department of SI	ate
9.	MANAGING MEMBE	☐ Delete	TITLE			Florid	A Department of SI	ate
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR HIGLEY, JOHN 14092 HARBOR LANE	☐ Delete	TITLE NAME STREET ADDRESS			Florid	A Department of SI	ate e Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR HIGLEY, JOHN 14092 HARBOR LANE PALM BEACH GARDENS, FL 33 MGR CORCORAN, DANIEL	☐ Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME			Florid	a Department of St	ate e Addition
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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:	R	sottorized Rp.	4-30-07	
SIGNATURE AND TYPED OR	PRINTED NAME	DF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #