


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90226 013 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000008182	
1. Entity Name RCH, L.L.C.	

Principal Place of Business 4705 NORTH ARMENIA AVENUE, SUITE A TAMPA, FL 33603	Mailing Address 4705 NORTH ARMENIA AVENUE, SUITE A TAMPA, FL 33603
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24016738



2. Principal Place of Business 4705 N. ARMENIA AVE.	3. Mailing Address Same as #2
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33603	Country USA

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0657587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAMIREZ, GERMAN M.D. 4705 NORTH ARMENIA AVENUE, SUITE A TAMPA, FL 33603	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 4705 N. ARMENIA AVENUE SUITE A City TAMPA FL Zip Code 33603
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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: X GERMAN RAMIREZ, MD (Signature, typed or printed name of registered agent and title if applicable.) (Notar: Registered Agent signature required when reinstating.) DATE: 1-12-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, GERMAN 4705 N. ARMENIA AVE STE A TAMPA, FL 33603 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: X GERMAN RAMIREZ, MD (Signature and typed or printed name of signing managing member, manager, or authorized representative)

Date: 1-12-04 Daytime Phone #: 83-353-8775