


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008182 1. Entity Name RCH, L.L.C.	
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Principal Place of Business 4705 N. ARMENIA AVE. SUITE A TAMPA, FL 33603	Mailing Address 4705 N. ARMENIA AVE. SUITE A TAMPA, FL 33603
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02282005No Chg-LLC

CR2E083 (10/03)

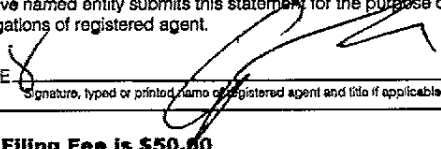
DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0657587	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMIREZ, GERMAN M.D. 4705 N. ARMENIA AVENUE SUITE A TAMPA, FL 33603

**DO NOT WRITE
IN THIS SPACE**

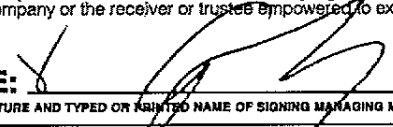
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>2/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, GERMAN 4705 N. ARMENIA AVE STE A TAMPA, FL 33603
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03/10/05-80027-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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 60B, Florida Statutes.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>2/28/05</u> DAYTIME PHONE # <u>833-353-8175</u>