

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90144 043 \*\*\*\*50.00

**DOCUMENT # L02000031149**

1. Entity Name  
RCP ENTERPRISES, L.L.C.



Principal Place of Business  
2819 SABER DRIVE  
CLEARWATER, FL 33759

Mailing Address  
2819 SABER DRIVE  
CLEARWATER, FL 33759

24064158



2. Principal Place of Business  
1550 Ridge Top Drive

3. Mailing Address  
1550 Ridge Top Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004 Chg-LLC CR2E083 (10/03)

City & State  
Tarpon Springs, Florida

City & State  
Tarpon Springs, Florida

4. FEI Number  
61-1432661

Applied For  
Not Applicable

Zip  
34688

Country  
USA

Zip  
34688

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GOLD, AARON J  
704 W. BAY STREET  
TAMPA, FL 33606

## 7. Name and Address of New Registered Agent

Name: Robin C. Price  
Street Address (P.O. Box Number is Not Acceptable)  
1550 Ridge Top Drive

City Tarpon Springs, FL 34688

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

*Robin C Price*

04/30/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME PRICE, ROBIN C ☐ Delete  
STREET ADDRESS 2819 SABER DR  
CITY-ST-ZIP CLEARWATER, FL 33759

## 10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Robin C. Price  
STREET ADDRESS 1550 Ridge Top Drive  
CITY-ST-ZIP Tarpon Springs, FL 34688

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robin C Price*

04/30/04 (727) 937-6225

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

Date

Daytime Phone #