

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031597

**FILED**  
**Jan 05, 2004**  
**Secretary of State**

**Entity Name:** RKG MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

122 MARINER DRIVE  
ORMOND BY THE SEA, FL 32176

**New Principal Place of Business:**

122 MARINERS DRIVE  
ORMOND BY THE SEA, FL 32176

**Current Mailing Address:**

122 MARINER DRIVE  
ORMOND BY THE SEA, FL 32176

**New Mailing Address:**

122 MARINERS DRIVE  
ORMOND BY THE SEA, FL 32176

**FEI Number:** 11-3669699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARDNER, RICHARD L JR  
122 MARINER DRIVE  
ORMOND BY THE SEA, FL 32176 US

**Name and Address of New Registered Agent:**

GARDNER, RICHARD L JR  
122 MARINERS DRIVE  
ORMOND BY THE SEA, FL 32176 US

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.

SIGNATURE:

01/05/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GARDNER, RICHARD L JR  
Address: 122 MARINER DR  
City-St-Zip: ORMOND BY THE SEA, FL 32176

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GARDNER, RICHARD L JR  
Address: 122 MARINERS DR  
City-St-Zip: ORMOND BY THE SEA, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD L GARDNER JR

MGRM

01/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date