

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004922

Entity Name: RS - CPC, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

8200 NW 15TH PLACE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

8200 NW 15TH PLACE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 27-0046742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUTTS, ROBERT P
FISHER & BUTTS, P.A.
5203 SW 91ST TERRACE, STE. D
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

BUTTS, ROBERT P
FISHER & BUTTS, P.A.
5200 SW 91ST TERRACE, SUITE 101
GAINESVILLE, FL 32608 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:

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GREER, JACK
Address: 5800 NW 39TH AVE., SUITE 101
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR () Delete
Name: WEINGART, BRECK
Address: 8200 NW 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRECK A. WEINGART

MGR

05/01/2007

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