2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 16, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT			JUS U8:UU .
DOCU 1. Entity Narr RKCK, LI		349		Secreta	ary of Stat
Principal Place 6800 PLACIO ENGLEWOOD		Mailing Address 6800 PLACIDA ROAD ENGLEWOOD, FL 34224			@3 #3
DO NOT WRITE IN THIS SPACE				4. FEI Number 20-0341399	Applied For Not Applicable 5.00 Additional se Required
6. Name and Address of Current Registered Agent HANEWINCKEL, DEAN 2800 PLACIDA ROAD, SUITE 110 ENGLEWOOD, FL 34224			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Tilling Fee is \$50.00 Due by May 1, 2005					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR SPADE, ROBERT W 6800 PLACIDA ROAD ENGLEWOOD, FL 34224	S/MANAGERS	:	U00000232420 02/16/05-80073-	021 50.00
STREET ADDRESS CITY-ST-ZIP TITLE	. 571)	<u></u>	 " '		
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NAME STREET ADDRESS CITY-ST-ZIP	***************************************	Siren and the second se	,	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS, CITY-ST-ZIP			<u></u>		
	certify that the information supplied with the on this report is true and accurate and the hillst company or the receiver or trustee.	his filing does not qualify for the exer at my signature shall have the exer-	mption stated in Selegal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify nade under oath; that I am a managing member the RNB Florida Statutes	that the information or manager of the