


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90141 012 ****50.00

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| DOCUMENT # L03000020649 | |  |
| 1. Entity Name RKCK, LLC | | |

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| Principal Place of Business 6800 PLACIDA ROAD ENGLEWOOD, FL 34224 | Mailing Address 6800 PLACIDA ROAD ENGLEWOOD, FL 34224 |
|---|---|

00008289



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| 2. Principal Place of Business P.O. Box 5337 Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 5337 Suite, Apt. #, etc. |
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01162006 Chg-LLC CR2E083 (11/05)

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| City & State Englewood FL | City & State Englewood FL |
| Zip 34224-5337 | Zip 34224-5337 |
| Country | Country |

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| 4. FEI Number 20-0341399 | Applied For <input type="checkbox"/> Not Applicable |
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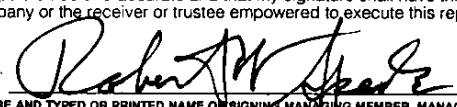
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HANEWINCKEL, DEAN 2800 PLACIDA ROAD, SUITE 110 ENGLEWOOD, FL 34224 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SPADE, ROBERT W 6800 PLACIDA ROAD ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. Box 5337 Englewood, FL 34224-5337 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | 2/13/06 941-698-4111 <small>Date Daytime Phone #</small> |