2008 LIMITED LIABILITY COMPANY

FILED Feb 27, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L03000020649 1. Entity Name RKCK, LLC Principal Place of Business Mailing Address PO BOX 5337 PO BOX 5337 ENGLEWOOD, FL 34224-5337 ENGLEWOOD, FL 34224-5337 CR2E083 (12/07) 01142008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0341399 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent HANEWINCKEL, DEAN DO NOT WRITE 2800 PLACIDA ROAD, SUITE 110 ENGLEWOOD, FL 34224 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR SPADE, ROBERT W NAME PO BOX 5337 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 342245337 TITLE U000000841457 NAME 03/10/08-80019-004 138.75 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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