


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90082 013 ***138.75

| | |
|-------------------------------------|---|
| DOCUMENT # L03000030872 |  |
| 1. Entity Name "RC SHOPPES, LLC" | |

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|---|---|
| Principal Place of Business 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 | Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 1500 Gateway Blvd. | 3. Mailing Address 1500 Gateway Blvd. |
| Suite, Apt. #, etc. Suite 200 | Suite, Apt. #, etc. Suite 200 |

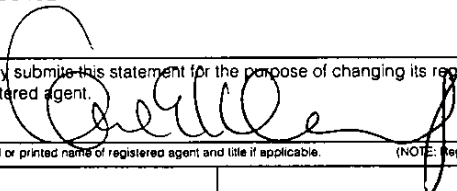
| | | | |
|--|--|------------------------------------|---|
| City & State Boynton Bch, Fl | City & State Boynton Bch, Fl | 4. FEI Number 80-0074988 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip 33426 | Country | Zip 33426 | Country |

04242008 Chg-LLC CR2E083 (12/06)



| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent KLEPPER, CARL 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 | | 7. Name and Address of New Registered Agent Name Carl Klepper Street Address (P.O. Box Number is Not Acceptable) 1500 Gateway Blvd Suite 200 City Boynton Beach FL Zip Code 33426 | |
|---|--|--|--|

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:  DATE: _____

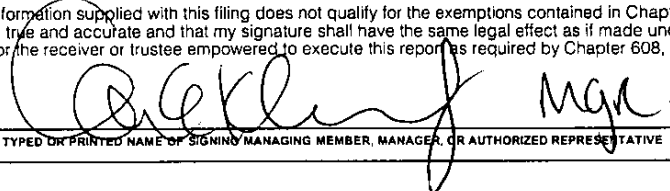
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75



| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KLEPPER, CARL E JR. 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd. #200 Boynton Beach, Florida 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COMPARATO, JAMES 980 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd. #200 Boynton Beach, Florida 33426 |
| 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 |
| 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 |

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:  Mgr.

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

Date Daytime Phone #