
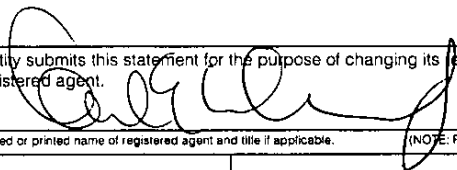
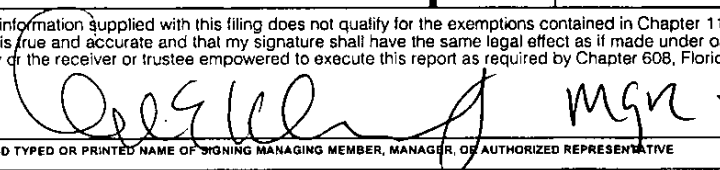


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-15-2008 90082 010 \*\*\*138.75

DOCUMENT # L03000030878					
1. Entity Name <b>RCC VII, LLC</b>					
Principal Place of Business <b>980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432</b>			Mailing Address <b>980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432</b>		
2. Principal Place of Business - No P.O. Box # <b>1500 Gateway Blvd.</b>		3. Mailing Address <b>1500 Gateway Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Boynton Bch, FL</b>		City & State <b>Boynton Bch, FL</b>			
Zip <b>33426</b>	Country	Zip <b>33426</b>	Country	4. FEI Number <b>80-0074987</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KLEPPER, CARL 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>Carl Klepper</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 Gateway Blvd</b> <b>Suite 200</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33426</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to: <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ANGELO, ROBERT J 980 N FEDERAL HWY SUITE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMPARATO, JAMES 980 NORTH FEDERAL HWY STE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEPPER, CARL E 980 N FEDERAL HWY STE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					