2008 LIMITED LIABILITY COMPANY

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,

May 15, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000030908** 05-15-2008 90078 026 ***138.75 RC MARKET, LLC Mailing Address Principal Place of Business 980 NORTH FEDERAL HIGHWAY 980 NORTH FEDERAL HIGHWAY SUITE 200 SUITE 200 BOCA RATON, FL 33432 BOCA RATON, FL 33432 3. Mailing Address 2. Principal Place of Bysiness - No P.O. Box 500 Gateway 500 Gatewai 04242008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 80-0074981 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLEPPER, CARL 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of the obligations of legistered agent SIGNATURE Signature, typed or DATE gent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. **7**1 Change ☐ Addition MGR Delete TITLE TITLE KLEPPER, CARL E JR. NAME NAME 1500 Gateway Blud STREET ADDRESS STREET ADDRESS 980 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 CITY-ST-7IP CITY-ST-ZIP MGR Change ☐ Addition TITLE □ Delete THIF COMPARATO, JAMES NAME NAME STREET ADDRESS 980 N FEDERAL HWY #200 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Addition MGR Delete TIT1 F TITLE DANGELO, ROBERT NAME NAME 1500 Gateway Blud #200 STREET ADDRESS 980 N FED HWY STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

R AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date