2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, M

May 15, 2008 8:00 am Secretary of State **DOCUMENT # L03000034104** 05-15-2008 90082 004 ***138.75 RCR HOLDINGS I, LLC Principal Place of Business Mailing Address COURT. 980 NORTH FEDERAL HIGHWAY 980 NORTH FEDERAL HIGHWAY SUITE 200 SUITE 200 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1500 Gateway Blvd. Suite, Apt. #, etc. _____1500_Gateway Blvd Suite, Apt. #, etc. 04242008 Chg-LLC CR2E083 (12/06) Suite 200 Suite 200 Applied For 4. FEI Number City & State City & State 33-1070118 Not Applicable Boynton Bch. Boynton Bch. Fl \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Carl Klepper KLEPPER, CARL Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL-33432 Suite 200 City **Boynton Beach** 3426 8. The above named entity submits this statement for the purpose of 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 (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change Delete TITLE ☐ Addition TITLE COMPARATO, JAMES NAME NAME STREET ADDRESS 980 NORTH FEDERAL HIGHWAY STREET ADDRESS 1500 Gateway Blvd. #200 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Boynton Beach, Florida 33426 Delete TITLE Change ☐ Addition TITLE KLEPPER, CARL E JR NAME STREET ADDRESS 980 NORTH FEDERAL HIGHWAY STREET ADDRESS 1500 Gateway Blvd. #200 CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33432 Boynton Beach, Florida 33426 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-SI-ZIP CITY+ST-ZIP 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:

AGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED