

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034696

1. Entity Name
RSK REALTY FUND I, LLC



Principal Place of Business
**9400 SOUTH DADELAND BLVD., STE. 720
MIAMI, FL 33156**

Mailing Address
**9400 SOUTH DADELAND BLVD., STE. 720
MIAMI, FL 33156**



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0487280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERG, ROBERT S
9400 SOUTH DADELAND BLVD., STE. 720
MIAMI, FL 33156**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEMPLE, STEVEN M
STREET ADDRESS	9400 S DADELAND BLVD #720
CITY - ST - ZIP	MIAMI, FL 33156

TITLE	MGRM
NAME	NORDSTROM, KARA
STREET ADDRESS	9400 S DADELAND BLVD #720
CITY - ST - ZIP	MIAMI, FL 33156

TITLE	MGRM
NAME	BERG, ROBERT S
STREET ADDRESS	9400 S DADELAND BLVD #720
CITY - ST - ZIP	MIAMI, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/04/05-80041-021 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

4/26/05 3056700744
Date Daytime Phone #