2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000034696

1. Entity Name

RSK REALTY FUND I, LLC



Principal Place of Business

Mailing Address

9400\$OUTHDADELANDBLVD.,STE.720 MIAMI,FL33156

9400SOUTHDADELANDBLVD.,STE.720 MIAMI,FL33156

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90031 019 ****50.00

4000004



03032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0487,280

Applied For Not Applicable

5. Certificate of Status Desired

\$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



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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent,	, or both, in the Sta	te of Florida.	I am familiar with, and acce	pt
	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

10 mg/s

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM		
NAME	WEMPLE, STÉVEN M		
STREET ADDRESS	9400 \$ DADELAND BLVD #720		
CITY-ST-ZIP	MIAM!, FL 33156		
TITLE	MGRM		
NAME	NORDSTROM, KARA		
STREET ADDRESS	9400 \$ 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			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby	11. I hereby certify that the information supplied with this filing does not qualify for the e		

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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:

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

4.13.06

355-671-6462

Daytime Phone #