


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90127 037 ****50.00

DOCUMENT # L03000046854	
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1. Entity Name RCOA-OHIO I, LLC	Principal Place of Business 7900 GLADES ROAD, STE. 400 BOCA RATON, FL 33434	Mailing Address 7900 GLADES ROAD, STE. 400 BOCA RATON, FL 33434
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0418369	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
LAURENCE, JODI B 7900 GLADES ROAD, STE. 400 BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
Name <u>WALLACE, MICHAEL</u>
Street Address (P.O. Box Number is Not Acceptable) <u>7900 GLADES RD, STE 400</u>
City <u>BOCA RATON</u> FL <u>33434</u>

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 <u>Michael Wallace / CFO</u> DATE <u>4/19/06</u>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RCOA IMAGING SERVICES, INC. 7900 GLADES ROAD, STE. 400 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Michael Wallace</u> DATE _____ Daytime Phone # _____