2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 05, 2007 08:00 Al DOCUMENT # L03000050582 **Secretary of State** 1. Entity Name RCD, L.L.C. Principal Place of Business Mailing Address 52 MAJORCA DR **52 MAIORCA DR** WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 US 02222007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2416754 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DENESSEN, RICHARD C DO NOT WRITE **52 MAJORCA DRIVE** WINTER SPRINGS, FL 32708 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 regulard when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 U00000654880 03/13/07-80080-025 50.00 MANAGING MEMBERS/MANAGERS MGR TITLE DENESSEN, RICHARD C **52 MAJORCA DRIVE** STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-7IP TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Cultural Collection

STREET ADDRESS CITY-ST-789

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

Date

Daysme Phone #

FILED