## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jun 09, 2006 8:00 am Secretary of State

05-04-2006 90025 032 \*\*\*\*50.00

## **DOCUMENT # L03000052736**

1. Entity Name RSM PROPERTIES, LLC



Principal Place of Business

RON MUSICH 2715 PIONEER TRAIL MEDINA, MN 55340 Mailing Address

RON MUSICH 2715 PIONEER TRAIL MEDINA, MN 55340



OO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  MUSICH; RON - 5957 TARPON CIRCLE DR., #101  1715 From Each TR.			DO NOT WR		
S957 TARPON CIRCLE OR., #101  2715 Fromer TR.  CAPE CORAL, FL 33914  DO NOT WRITE  Madinar, Mrs. 55340  IN THIS SPACE					
B. The above named entity submits this statement by the philipose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Storates, hood or private name of spittered agent and title of applicable  (MOTE: Registered Agent tignate's required when remistating)  OATE					
/ Filing Fee is \$50.00 - Due by May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	1		1	
NAME STREET ADDRESS	MUSICH, RON 2715 PIONEER TRAIL	1			
CITY-ST-ZP	MEDINA, MN 55340				
TITLE	MGR	1			
NAME					
STREET ADDRESS CITY-ST-ZIP	RON Musich 12681 Gateway Blud FORT Meyers, FL: 33913				
TITLE	T 1	F			
NAME STREET ADORESS				·	
CITY-ST-ZIP			DO NOT WE	RITE	
TITLE		1	IN THIS SPA	ACE -	
NAME CONTRADORSES			11 11110 354	10L	
STREET ADDRESS	•			i i	

11. I hereby certify that the information supplied with this filling does not go indicated on this report is true and accurate and that my signature shall limited liability company or the receiver or trustee empowered to accurate. t guality to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am a managing member or manager of the cute the promas required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-SI-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

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

ATTACHMENT

#L0300052736

Florida Dept of State

Division of Corporations

P.O. Box 6478

Tallahassee, Florida 32314

Sirs;

Attached you will see the corrections made according to your request. If there are any other questions please feel free to call, 612-590-1409.

Ron Musich