

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90046 011 ****50.00

DOCUMENT # L04000013591

1. Entity Name
RCC II, LLC



Principal Place of Business
980 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432

Mailing Address
980 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432



04262006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0838448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKATOFF, JEFFREY H
980 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432

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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

Jeffrey Skatoff
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reestablishing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COMARATO, JAMES
980 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KLEPPER, CARL E JR
980 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #