
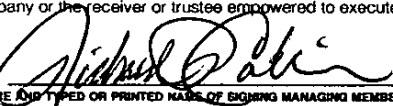


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90281 002 ****50.00

DOCUMENT # L04000022673																																																																																																																																			
1. Entity Name RC COMMERCIAL PROPERTIES LLC																																																																																																																																			
Principal Place of Business CONGRESS COMMERCE CENTER 601 N. CONGRESS AVENUE, SUITE 434 DELRAY BEACH, FL 33445			Mailing Address CONGRESS COMMERCE CENTER 601 N. CONGRESS AVENUE, SUITE 434 DELRAY BEACH, FL 33445 US																																																																																																																																
2. Principal Place of Business		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent CORBIN, RICHARD P CONGRESS COMMERCE CENTER 601 N. CONGRESS AVENUE, SUITE 434 DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent																																																																																																																																
			Name																																																																																																																																
			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																
			City																																																																																																																																
			State FL Zip Code																																																																																																																																
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">MGRM</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">CORBIN, RICHARD P</td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">719 FOXPOINTE CIRCLE</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">DELRAY BEACH, FL 33445</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	CORBIN, RICHARD P		NAME			STREET ADDRESS	719 FOXPOINTE CIRCLE		STREET ADDRESS			CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 			4/4/05 561 272 1027																																																																																																																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #																																																																																																																																