

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90213 001 \*\*\*\*\*5.00  
05-19-2006 90213 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**



04192006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-9289177**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired



**\$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**

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
CORBIN, RICHARD P  
719 FOXPOINTE CIRCLE  
DELRAY BEACH, FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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**DO NOT WRITE  
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:**

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

4/11/06

Date

561 272 1027

Daytime Phone #