

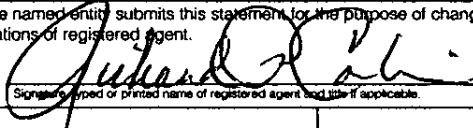
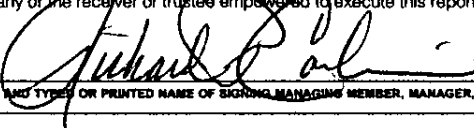


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90145 013 \*\*\*\*55.00

<b>DOCUMENT # L04000022673</b> 1. Entity Name <b>RC COMMERCIAL PROPERTIES LLC</b>					
Principal Place of Business <b>CONGRESS COMMERCE CENTER 601 N. CONGRESS AVENUE, SUITE 434 DELRAY BEACH, FL 33445</b>			Mailing Address <b>CONGRESS COMMERCE CENTER 601 N. CONGRESS AVENUE, SUITE 434 DELRAY BEACH, FL 33445 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4429 ANTIETAM CREEK TRAIL</b> Suite, Apt. #, etc. <b>100</b>		3. Mailing Address <b>4429 ANTIETAM CREEK TRAIL</b> Suite, Apt. #, etc. <b>100</b>			
City & State <b>LEESBURG FL</b>		City & State <b>LEESBURG FL</b>		01222007 Chg-LLC CR2E083 (12/06)	
Zip <b>34748</b>		Country <b>LAKE</b>		4. FEI Number <b>03-9289177</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CORBIN, RICHARD P CONGRESS COMMERCE CENTER 601 N. CONGRESS AVENUE, SUITE 434 DELRAY BEACH, FL 33445</b>			7. Name and Address of New Registered Agent Name <b>CORBIN, RICHARD P</b> Street Address (P.O. Box Number is Not Acceptable) <b>4429 ANTIETAM CREEK TRAIL</b> <b>SUITE 100</b> City <b>LEESBURG FL</b> Zip Code <b>34748</b>		
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 <b>1/2/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORBIN, RICHARD P 719 FOXPOINTE CIRCLE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORBIN, RICHARD P 4429 ANTIETAM CREEK TRAIL LEESBURG FL 34748
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			1/2/07 352 314 9119		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					