

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90128 031 \*\*\*\*50.00

**DOCUMENT # L04000022844**

1. Entity Name  
RAPV, L.L.C.



Principal Place of Business  
1700 S. TAMiami TRAIL  
SARASOTA, FL 34239

Mailing Address  
1700 S. TAMiami TRAIL  
SARASOTA, FL 34239

**20053020**



2. Principal Place of Business

3. Mailing Address

P.O. Box 25428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

Sarasota FL

4. FEI Number

20-0922946

Applied For

Not Applicable

Zip

Country

Zip

Country

34277-2428

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOOLEY, WILLIAM A ESQ  
DOOLEY & DRAKE, P.A.  
1432 FIRST STREET  
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME LICHTENSTEIN, RICHARD J M.D.  
STREET ADDRESS 1700 S. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME BRODSKY, RANDALL I D.O  
STREET ADDRESS 1700 S. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME SRUR, MARCEL F.M.D.  
STREET ADDRESS 1700 S. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/2006