
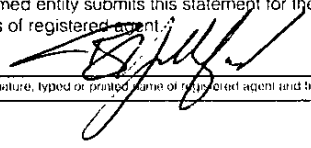


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90180 034 ****50.00

DOCUMENT # L04000023336					
1. Entity Name RCB PROPERTIES, LLC					
Principal Place of Business 4910 14TH STREET W. SUITE 300 BRADENTON FL 34207			Mailing Address 4910 14TH STREET W. SUITE 300 BRADENTON FL 34207		
2. Principal Place of Business SAME			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0927199	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIFIELD, BRIAN P 5012 23RD STREET W. — See below BRADENTON FL 34203				7. Name and Address of New Registered Agent	
				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  (NOTE: Registered Agent signature required when registering) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	HOLLIFIELD, BRIAN P				
STREET ADDRESS	5012 23RD STREET W.				
CITY-ST-ZIP	BRADENTON FL 34203				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	HOLLIFIELD, ROBERT L				
STREET ADDRESS	4813 26TH AVENUE E.				
CITY-ST-ZIP	BRADENTON FL 34208				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	COPEMAN, CRAIG A				
STREET ADDRESS	208 A 66 STREET				
CITY-ST-ZIP	HOLMES BEACH FL 34217				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Hollifield, Brian P				
STREET ADDRESS	4802 BOOKEUX CIRCLE				
CITY-ST-ZIP	Bradenton, FL 34203				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COPEMAN, CRAIG A				
STREET ADDRESS	527 77 STREET				
CITY-ST-ZIP	Holmes Bch, FL 34207				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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

Brian P. Hollifield

2/9/06

Date

(941) 725-2166

Daytime Phone #