

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025781

Entity Name: RCAC PROPERTIES, LLC

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

7401 WISTERIA LANE
LAKE WALES, FL 33853

New Principal Place of Business:

4115 STATE RD. 60 EAST
LAKE WALES, FL 33898

Current Mailing Address:

7401 WISTERIA LANE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 20-1044179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CANTON, ANTONIO MGR
7401 WISTERIA LANE
LAKE WALES, FL 33898 US

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.

SIGNATURE: ANTONIO CANTON

01/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CANTON, ANTONIO
Address: 7401 WISTERIA LANE
City-St-Zip: LAKE WALES, FL 33853

Title: ST () Delete
Name: CANTON, ANTONIO
Address: 7401 WISTERIA LANE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CANTON, ANTONIO
Address: 7401 WISTERIA LANE
City-St-Zip: LAKE WALES, FL 33898

Title: MGR (X) Change () Addition
Name: CANTON, ANTONIO
Address: 7401 WISTERIA LANE
City-St-Zip: LAKE WALES, FL 33898

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 electronic 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: ANTONIO CANTON

MGR

01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date