2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 24, 2005 8:00 am Secretary of State

DOCUMENT # L0400051269 1. Entity Name R.C. DESIGN, LLC						03-24-2005 90201 046 ****50.00				
Principal Place of Business 415 SW AKRON AVE. STUART, FL 34994 US		Mailing Address 415 SW AKRON AVE. STUART, FL 34994 US			20024405					
2. Principal Place of Business		3. Mailing Address			,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01122005 Chg-LLC CR2E083 (10/03)				
City & State		City & State				4. FEI Numbe	er		ļ <u>.</u>	plied For at Applicable
Zíp	Country	Zip	Coun	try			of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New	Registered /	1gent	
·COLLING	EOREDT D	***		NameR	'.Re	ed C	ollins	•		
COLLINS, ROBERT R 415 SW AKRON AVE. STUART, FL 34994				Street A			R K TO	ole)	ve.	
	1			City	87	Lar	<u> </u>	FL	Zip Code	 รื่อป
	named entity submits this strement ions of registered agent.	or e purpose of changing its	s registere	ed office or	registere	ed agent, or bot	h, in the State of F		,	and accept
SIGNATURE	Signature, type for printed name of registered age	T and title if applicable. (NOT	E: Registere	d Agent signatu	ire required	when reinstating)		3 20 DATE	<u>05</u>	
Fi D	iling Fee is \$50.00 ue by May 1, 2005				;			ike check p da Departm)
9.	. MANAGING MEME		10.				ADDITION	S/CHANGES		
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name Street address	COLLINS, ROBERT R 415 SW AKRON AVE.		MAM	ET ADDRESS	COL	LUNS	R. Re	ed.		
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11. Thereby 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 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. In powerful execute this report as required by Chapter 608, Florida Statutes.