


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90028 018 *****50.00

DOCUMENT # L04000053795		
1. Entity Name RCGMT, LLC		

Principal Place of Business 11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408	Mailing Address 11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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00010000

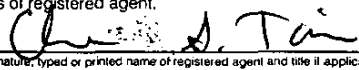


04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-6813310	Applied For <input type="checkbox"/> Not Applicable
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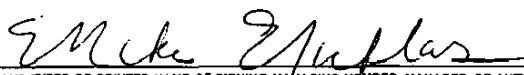
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHNARE, JAMES H II 11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Haile Shaw & Pfaffenberger Street Address (P.O. Box Number is Not Acceptable) 660 U.S. Highway One Suite 300 City North Palm Beach FL Zip Code 33408
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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  Asst. Sec.	DATE 4-17-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICKLAUS, MICHAEL S 11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  Michael Nicklaus	DATE 4.11.07 561-227-0320 Daytime Phone #