2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053795

1. Entity Name
RCGMT, LLC

Principal Place of Business	Mailing Address
11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408	11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

04182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
26-6813310	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
HAILE SHAW & PFAFFENBERGER 660 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH, FL 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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000910204
05/06/08-80100-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NICKLAUS, MICHAEL S
STREET ADDRESS	11780 U.S. HIGHWAY #1, SUITE 500
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Mike Nicklaus_   4/18/08   561-227-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #