


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

02-09-2005 90151 037 ****50.00

DOCUMENT # L04000057989 1. Entity Name RCHD, LLC					
Principal Place of Business 5667 CORAL GATE BOULEVARD MARGATE FL 33063			Mailing Address 5667 CORAL GATE BOULEVARD MARGATE FL 33063		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 201485823 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent WALK, GARY-ESQ. BOOSE CASEY CIKLIN LUBITZ ET AL 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name LACNY CARL M Street Address (P.O. Box Number is Not Acceptable) 5667 CORAL GATE BLVD City MARGATE FL Zip Code 33063		
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 <u><i>[Signature]</i></u> DATE 2-5-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MEMBER CARL M. LACNY 5667 CORAL GATE BLVD. MARGATE, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MEMBER RICHARD DECARLO 316 S.E. 17TH AVE. FT. LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MEMBER N. HENRY PEVSNER 2500 METRO CENTRE BLVD SUITE #6 WEST PALM BEACH, FL 33407		
TITLE NAME STREET ADDRESS 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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>[Signature]</i></u> Date 2-5-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					