

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90014 030 \*\*\*\*50.00

<b>DOCUMENT # L04000059457</b> 1. Entity Name <b>R.C. PURCHASING AGENCY, L.L.C.</b>					
Principal Place of Business <b>2101 ATLANTIC SHORE BLVD. APT. 317 HALLANDALE, FL 33009</b>			Mailing Address <b>2101 ATLANTIC SHORE BLVD. APT. 317 HALLANDALE, FL 33009</b>		
2. Principal Place of Business <b>2101 ATLANTIC SHORE BLVD</b> Suite, Apt. #, etc. <b>317</b>		3. Mailing Address <b>2101 ATLANTIC SHORE BLVD #317</b> Suite, Apt. #, etc. <b>317</b>			
City & State <b>HALLANDALE FL</b>		City & State <b>FL 33009</b>		4. FEI Number <b>51-0525895</b>	
Zip <b>33009</b>		Country <b>BROWNS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAVALLINI, ROSSANA M 2101 ATLANTIC SHORE BLVD. APT. 317 HALLANDALE, FL 33009</b>				7. Name and Address of New Registered Agent  Name <b>ROSSANA CAVALLINI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 ATLANTIC SHORE BLVD #317</b>  City <b>HALLANDALE</b> <b>FL</b> Zip Code <b>33009</b>	
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  DATE <b>4/13/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CAVALLINI, ROSSANA M 2101 ATLANTIC SHORE BLVD. HALLANDALE, FL 33009</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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  DATE <b>4/13/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					