


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90078 024 ***138.75

DOCUMENT # L04000061981

1. Entity Name
 RCC IX, LLC




Principal Place of Business
 980 NORTH FEDERAL HIGHWAY
 SUITE 200
 BOCA RATON, FL 33432

Mailing Address
 980 NORTH FEDERAL HIGHWAY
 SUITE 200
 BOCA RATON, FL 33432

60041527

2. Principal Place of Business - No P.O. Box #
 1500 Gateway Blvd
 Suite, Apt. #, etc.
 # 200
 City & State
 Boynton Bch, FL
 Zip
 33426

3. Mailing Address
 1500 Gateway Blvd
 Suite, Apt. #, etc.
 # 200
 City & State
 Boynton Bch, FL
 Zip
 33426



04242008 Chg-LLC CR2E083 (12/06)

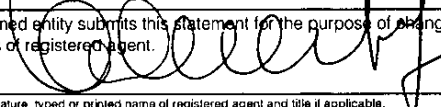
4. FEI Number
 26-0204637 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLEPPER, CARL
 980 NORTH FEDERAL HIGHWAY
 SUITE 200
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name
 Carl Klepper
 Street Address (P.O. Box Number is Not Acceptable)
 1500 Gateway Blvd #200
 City Boynton Bch, FL Zip Code 33426

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 _____

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

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

Make check payable to
 Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COMPARATO, JAMES 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KLEPPER, CARL E JR 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DANGELO, ROBERT 980 N FED HWY STE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd #200 Boynton Bch, FL 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd #200 Boynton Bch, FL 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd #200 Boynton Bch, FL 33426 |
| 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 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:  MGR

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