



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000067209 1. Entity Name RPI OF LAKE LAND, LLC |  |
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|--|--|
| Principal Place of Business 124 NE 1ST AVENUE HALLANDALE, FL 33009 | Mailing Address 124 NE 1ST AVENUE HALLANDALE, FL 33009 |
|--|--|

DO NOT WRITE IN THIS SPACE



02062008 No Chg-LLC CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 20-1884897 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

RAYMOND, ROBERT
124 NE 1ST AVENUE
HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

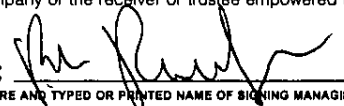
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RAYMOND, ROBERT 124 NE 1ST AVENUE HALLANDALE, FL 33009 |
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02/27/08-80080-020 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  Robert Raymond 02/01/08 (954) 475-0075

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