## 2007 LIMITED LIABILITY COMPANY

## Jan 31, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # L04000073996 01-31-2007 90122 005 \*\*\*\*50.00 RDC JUPITER SOUND, LLC. Principal Place of Business Mailing Address 1015 W INDIANTOWN RD 1015 W INDIANTOWN RD SUITE 101A SUITE 101A JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1736368 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMAS, DANNY R Street Address (P.O. Box Number is Not Acceptable) 18329 SE FEDERAL HWY JUPITER, FL 33469 City Zip Code 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 Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE Delete TITLE ☐ Change ☐ Addition THOMAS, DANNY R NAME NAME 18329 SE FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS JUPITER, FL 33469 CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE KIDWELL, GEORGE R NAME NAME STREET ADDRESS STREET ADDRESS 18824 SE JUPITER RIVER DRIVE JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition BILLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 pushes empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #