# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 23, 2005 8:00 am**
**Secretary of State**
04-29-2005 90063 025 ****50.00

DOCUMENT # L04000083201

1. Entity Name
RPC FINANCIAL ADVISORS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 555 SOUTH FEDERAL HIGHWAY, SUITE 200<br>BOCA RATON, FL 33432 | 555 SOUTH FEDERAL HIGHWAY, SUITE 200<br>BOCA RATON, FL 33432 |

04212005 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 595 S. Federal Hwy | 595 S. Federal Hwy |
| Suite, Apt. #, etc.: Suite 600 | Suite, Apt. #, etc.: Suite 600 |
| City & State: Boca Raton, FL | City & State: Boca Raton, FL |
| Zip: 33432 Country: | Zip: 33432 Country: |

4. FEI Number: 20-2417183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| AMERICAN INFORMATION SERVICES, INC.<br>ONE S.E. THIRD AVENUE, 28TH FLOOR<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☒ Addition<br>Richard C. Rochon<br>595 S. Federal Hwy #600<br>Boca Raton, FL 33432 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☒ Addition<br>Jack I Ruff<br>595 S. Federal Hwy #600<br>Boca Raton, FL 33432 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☒ Addition<br>Robert C. Farenhem<br>595 S. Federal Hwy #600<br>Boca Raton, FL 33432 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☒ Addition<br>Mario B. Ferrari<br>595 S. Federal Hwy #600<br>Boca Raton, FL 33432 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ 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:** _____ 4-26-05 561-955-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #