

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90168 011 ****50.00

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05152006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000083201 1. Entity Name RPC FINANCIAL ADVISORS, LLC					
Principal Place of Business 595 SOUTH FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432			Mailing Address 595 SOUTH FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432		
2. Principal Place of Business 595 S. Federal Hwy Suite, Apt. #, etc. # 500		3. Mailing Address 595 S. Federal Hwy Suite, Apt. #, etc. # 500			
City & State Boca Raton, FL Zip 33432		Country Palm Beach		4. FEI Number 20-2417183	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROCHON, RICHARD 595 SOUTH FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 595 S. Federal Hwy # 500 Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUFF, JACK I 595 SOUTH FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 595 S. Federal Hwy # 500 Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FARENHEM, ROBERT C 595 SOUTH FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 595 S. Federal Hwy # 500 Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERRARI, MARIO B 595 SOUTH FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 595 S. Federal Hwy # 500 Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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"/> Delete		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: _____ Robert C. Farenhem 5-17-06 561-955-7300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					