
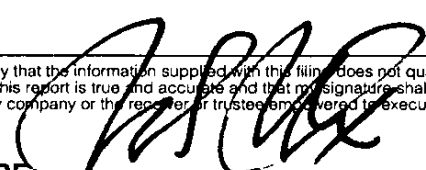


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90214 006 ****50.00

DOCUMENT # L05000023719 1. Entity Name RLP DEVELOPMENT LLC					
Principal Place of Business 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236			Mailing Address 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240		
2. Principal Place of Business 7015 PROFESSIONAL PKWY		3. Mailing Address E 46 N. WASHINGTON BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1		03302006 Chg-LLC CR2E083 (11/05)	
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 65-0763479	
Zip 34240		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX FAMILY LIMITED PARTNERSHIP 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34236		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	
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	
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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			(941) 907-9099		
By: JOHN J. COX, President of Brothers Three of Sarasota, Inc., general partner of Cox Limited Partnership, MGRM					