2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000034009

1. Entity Name
RFK, LLC

Principal Place of Business	Mailing Address
P.O. BOX 4005	P.O. BOX 4005
FT. LAUDERDALE, FL 33338	FT. LAUDERDALE, FL 33338

DO NOT WRITE IN THIS SPACE

01192007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

KIENZLE, ROBERT F
1630 NE 7 CT
FT. LAUDERDALE, FL 33304-2921

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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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KIENZLE, ROBERT F
STREET ADDRESS	P.O. BOX 4005
CITY-ST-ZIP	FT. LAUDERDALE, FL 33338
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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02/14/07-80036-002 55.00

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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: _____ MM   1/29/07   954 767 6371

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