

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90258 046 ***138.75

DOCUMENT # L05000044786 1. Entity Name RDC-PENNOCK POINT SOUTH, LLC.					
Principal Place of Business 1015 W INDIANTOWN RD SUITE 101A JUPITER, FL 33458			Mailing Address 1015 W INDIANTOWN RD SUITE 101A JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # 935 Town Hall Ave Suite, Apt. #, etc. #2		3. Mailing Address 935 Town Hall Ave Suite, Apt. #, etc. #2			
City & State Jupiter, FL TEQUESTA		City & State Jupiter, FL		4. FEI Number 20-2794401	
Zip 33458		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, DANNY R. 18329 SE FEDERAL HWY TEQUESTA, FL 33469			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  DATE 3/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, DANNY R 18329 SE FEDERAL HIGHWAY TEQUESTA, FL 33469 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				Date 3/5/08 Daytime Phone # 561-744-6122	