

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-24-2006 90054 002 \*\*\*\*\*50.00  
105000070284

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                      |                                                                                |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000070284</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                      |                                                                                |  |  |
| 1. Entity Name<br>RG PRICE DEVELOPMENT, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                      |                                                                                |                                                                                   |  |
| Principal Place of Business<br>10531 COPPER LAKE DRIVE<br>BONITA SPRINGS, FL 34135                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |                                                      | Mailing Address<br>10531 COPPER LAKE DRIVE<br>BONITA SPRINGS, FL 34135         |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                      | 3. Mailing Address                                                             |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                      | Suite, Apt. #, etc.                                                            |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                      | City & State                                                                   |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                         | Zip                                                  | Country                                                                        | 4. FEI Number                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                      |                                                                                | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                      |                                                                                | 02012008 Chg-LLC CR2E083 (11/05)                                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                      | 7. Name and Address of New Registered Agent                                    |                                                                                   |  |
| PRICE, RANDELL G<br>10531 COPPER LAKE DRIVE<br>BONITA SPRINGS, FL 34135                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                      | 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                      |                                                                                |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | Make check payable to<br>Florida Department of State |                                                                                |                                                                                   |  |
| B. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                      | 10. ADDITIONS/CHANGES                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>PRICE, RANDELL G<br>10531 COPPER LAKE DRIVE<br>BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                      | 4/19/06 616-836-5021                                                           |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                      | Date Daytime Phone #                                                           |                                                                                   |  |