
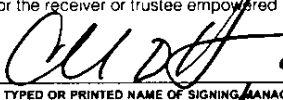


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90255 041 \*\*\*150.00

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<b>DOCUMENT # L05000093892</b> 1. Entity Name RNYC, LLC					
Principal Place of Business 401 COMMERCIAL COURT, SUITE A VENICE, FL 34292			Mailing Address 401 COMMERCIAL COURT, SUITE A VENICE, FL 34292		
2. Principal Place of Business - No P.O. Box # <b>779 Commerce Drive</b> Suite, Apt. #, etc. <b>Suite 1</b> City & State <b>Venice, FL</b> Zip <b>34292</b>		3. Mailing Address <b>779 Commerce Drive</b> Suite, Apt. #, etc. <b>Suite 1</b> City & State <b>Venice, FL</b> Zip <b>34292</b>		4. FEI Number <b>13-4308921</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>Sarasota</b>		Country <b>Sarasota</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HINES, CHARLES D ESQ</b> <b>420 N RIVER RD</b> <b>VENICE, FL 34293</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JAMES DAVID TAYLOR IRREVOCABLE TRUST</b> <b>401 COMMERCIAL CT, STE A</b> <b>VENICE, FL 34292</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>James David Taylor Irrevocable Trust</b> <b>779 Commerce Drive, Suite 1</b> <b>Venice, FL 34292</b> <input checked="" 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	
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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: 			Charles D. Hines, Esq 4/9/07 941-504-1714		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					