

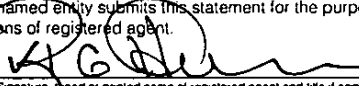
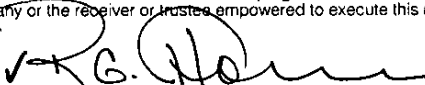


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90010 046 \*\*\*\*50.00

<b>DOCUMENT # L05000101042</b>					
<b>1. Entity Name</b> RGT ASSOCIATES, LLC					
<b>Principal Place of Business</b> 12 SUNSET BAY, OCEAN REEF CLUB KEY LARGO, FL 33037			<b>Mailing Address</b> 12 SUNSET BAY, OCEAN REEF CLUB KEY LARGO, FL 33037		
<b>2. Principal Place of Business</b> 12 SUNSET CAY Suite, Apt. #, etc. OCEAN REEF CLUB City & State KEY LARGO FL Zip 33037 Country USA		<b>3. Mailing Address</b> 12 SUNSET CAY Suite, Apt. #, etc. OCEAN REEF CLUB City & State KEY LARGO FL Zip 33037 Country USA			
<b>4. FEI Number</b> 20-3482862		04132006    Chg-LLC    CR2E083 (11/05)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> THOMSON, ROBERT G 12 SUNSET BAY, OCEAN REEF CLUB KEY LARGO, FL 33037			<b>7. Name and Address of New Registered Agent</b> Name THOMSON, ROBERT G. Street Address (P.O. Box Number is Not Acceptable) 12 SUNSET CAY, OCEAN REEF CLUB City KEY LARGO    FL    Zip Code 33037		
<b>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.</b> SIGNATURE  ROBERT G. THOMSON MGRM    4.13.06 <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reappointing)    DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMSON, ROBERT G 12 SUNSET BAY, OCEAN REEF CLUB KEY LARGO, FL 33037	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	12 SUNSET CAY, OCEAN REEF CLUB KEY LARGO, FL 33037	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
SIGNATURE:  ROBERT G. THOMSON MGRM    4.13.06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					305-367-3592