## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000105041

1. Entity Name RTKB HOLDINGS, LLC



Principal Place of Business

13620 49TH STREET NORTH CLEARWATER, FL 33762 US Mailing Address

13620 49TH STREET NORTH CLEARWATER, FL 33762 US

## FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90362 047 \*\*\*150.00

40112859



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3684151

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCHENROEDER, ROGER 13620 49TH STREET NORTH CLEARWATER, FL 33762 DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registere	d agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	t was		
Signature, typed or printed name of registered agent and title if applicable,		(NOTE: Registered Agent signature required v	rhen reinstating) DATE
	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAMÉ	ESCHENROEDER, ROGER		
STREET-ADDRESS	921 HARBOR HOUSE DRIVE		In
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		
TITLE		`	· Visus
NAME			
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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 trustage empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CYTYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ROGER ESCHEPEDEDER

4/30/07

727-572-655

Daytime Phone #