2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam RSK RAN		565	i				04-10-2006	5 90041 C	35 ****5	50.00	
Principal Plac 2385 EXECU BOCA RATON	TIVE CENTER DRIVE, SUITE 190	Mailing Address 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431			190						
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2. Principal Place of Business 599 Sunset Pointe Drive		3. Mailing Address 599 Sunset Pointe Drive			e		11/2	 	101 0 450 0501 01		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03172006	Chg-LLC	CR2E0	83 (11/05)		
City & State Lake Placid, FL		City & State				4. FEI Numbe				optied For	
Zip	ac1d, FL Country	Lake Placid, FL Zip Coun		у	20-384 5. Certifica		of Status Desired		\$5.00 Add	t Applicable ditional	
33852_	USA	33852	· US	Α					Fee Require	đ	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name							
ELLIS, SETH E ESQ. C/O SETH E. ELLIS, P.A. 2385 EXECUTIVE CENTER DRIVE, SUITE 190				Street Address (P.O. Box Number is Not Acceptable)							
BOCA RAT	TON, FL 33431		-						7:- 0		
					City FL Zip Code						
	named entity submits this statement fo ions of registered agent.	the purpose of changing its	registered	d office or	registere	ed agent, or bot	h, in the State of Fl	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signatu	ire required v	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State						
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		RS/MANAGERS	10.				Florid	•	•	8	
் De த ந்	we by May 1, 2006 MANAGING MEMBE MGRM	☐ Delete	TITLE		MGRM		Florid	A Departme	ent of State	☐ Addition	
ैं De भेर ुक	ue by May 1, 2006 MANAGING MEMBE	Delete HLANDS COUNTY, LC	TITLE NAME		Ranc	h Manage	ADDITIONS ment of F	/CHANGES	ent of State	☐ Addition	
9. Title NAME	MANAGING MEMBE MGRM RANCH MANAGEMENT OF HIG	Delete HLANDS COUNTY, LC	TITLE NAME	T ADDRESS	Ranci 599	h Manage Sunset F	Florid	A Department of the Control of the C	ent of State ☑ Change ds Cou	Addition	
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J.9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM RANCH MANAGEMENT OF HIG 2385 EXECUTIVE CENTER DRI	Delete HLANDS COUNTY, LC VE, SUITE 190	TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS	Ranci 599	h Manage Sunset F	ADDITIONS ment of F	A Department of the Control of the C	ent of State ☑ Change ds Cou	Addition	
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Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, ribinous statutes. Further than 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:

SIGNATURE AND TYPED OF BRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/06 8636102202