

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118596

FILED  
Feb 05, 2008  
Secretary of State

**Entity Name:** RCA COMMERCIAL PROPERTIES, L.L.C.

**Current Principal Place of Business:**

2800 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 38355  
TALLAHASSEE, FL 32315

**New Mailing Address:**

**FEI Number:** 20-4003590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDBERG, STUART E ESQ.  
2039 CENTRE POINTE BLVD., SUITE 201  
TALLAHASSEE, FL 32315 US

**Name and Address of New Registered Agent:**

GOWLAND JR, CHARLES L ESQ.  
3020 N SHANNON LAKES DR  
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: CHARLES L GOWLAND JR., ESQ

02/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARBER, ROBIN C  
Address: 4325 OAKMONT STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Delete  
Name: ATKINS, CHARLES N  
Address: P.O. BOX 12248  
City-St-Zip: TALLAHASSEE, FL 323172248

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBIN C. BARBER

MGRM

02/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date