

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118596

**FILED**  
**Feb 18, 2009**  
**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:**

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

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

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:**

\_\_\_\_\_  
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

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BARBER, ROBIN C  
**Address:** P.O. BOX 38355  
**City-St-Zip:** TALLAHASSEE, FL 32315

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

02/18/2009

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