

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90166 050 \*\*\*\*50.00

<b>DOCUMENT # L05000120983</b> 1. Entity Name <b>R.G. DEVELOPMENT COMPANY, LLC</b>			
Principal Place of Business <b>21055 YACHT CLUB DRIVE, UNIT 3201 AVENTURA, FL 33180</b>		Mailing Address <b>21055 YACHT CLUB DRIVE, UNIT 3201 AVENTURA, FL 33180</b>	
2. Principal Place of Business - No P.O. Box # <b>21 NE 1st Avenue</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>PO Box 1148</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Ocala, Florida</b>		City & State <b>Ocala, Florida</b>	
Zip <b>34470</b>	Country <b>US</b>	Zip <b>34470</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent  <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</b>		7. Name and Address of New Registered Agent Name <b>Lawrence C. Callaway, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>21 NE 1st Avenue</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34470</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. SIGNATURE <b>Lawrence C. Callaway, III</b> DATE <b>March 20, 2007</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</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 <b>MGRM GITTER, REUVEN 21055 YACHT CLUB DRIVE, UNIT 3201 AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>510 West Erie Street, Apt. 1906 Chicago, IL 60610</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		Date <b>3/15/07</b> Daytime Phone #	