

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90206 007 ***138.75

DOCUMENT # L05000120983	
1. Entity Name R.G. DEVELOPMENT COMPANY, LLC	



Principal Place of Business 21 NE 1ST AVE OCALA, FL 34470	Mailing Address PO BOX 1148 OCALA, FL 34470
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60012625

2. Principal Place of Business - No P.O. Box # 510 W. Erie Street	3. Mailing Address 510 W. Erie Street
Suite, Apt. #, etc. Apt. 1906	Suite, Apt. #, etc. Apt. 1906
City & State Chicago, IL	City & State Chicago, IL
Zip 60610	Country USA



01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 42-1690333		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LAWRENCE, CALLAWAY C III 21 NE 1ST AVE OCALA, FL 34470		
7. Name and Address of New Registered Agent Name: Lawrence C. Callaway, III Street Address (P.O. Box Number is Not Acceptable): 333 N.W. 3rd Avenue City: Ocala FL Zip Code: 34475		

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: DATE: 1/31/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GITTER, REUVEN 510 WEST ERIE ST APT 1906 CHICAGO, IL 60610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 2/22/08 312-404-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REUVEN GITTER