2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

DOCUMENT # L0600003601 1. Enlity Name RCA HOME & GARDEN, L.L.C.						04-12-2007 9	90184 02:	9 ****5().00
Principal Place 2800 MAHAN TALLAHASSE	I DRIVE	Mailing Address P.O. BOX 13706 TALLAHASSEE, FL 32317-3706							
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address P. O. Box 38355							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State Talla,	City & State Talla, Fl		4. FEI Numb	100600		<u> </u>	oplied For of Applicable
Zip	Country	Zip 32315	`		1	5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name and Address of Current R		Name	7. Name and	d Address of New R	egistered A	gent		
2039 CENT	G, STUART E ESQ. TRE POINTE BLVD., SUITE 20)1	Street Address		ess (P.O. Box Numb	per is Not Acceptable	e)		·
IALLANAS	SSEE, FL 32308							Y =	
				City			FL	Zip Cod	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed hame or registered agent at	no title ii appacable. [1401	E. Hegislerer	u Agent signature req	doised when reinstating)	- 111	UATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2007 ·					Make check payable to Florida Department of State			
9.	MANAGING MEMBER		S/MANAGERS 10.			ADDITIONS/		_	
TITLE	MGRM BARBER, ROBIN C	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	4325 OAKMONT STREET			E1 ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32303			-ST-ZIP					
TITLE NAME	MGRM ATKINS, CHARLES N	☐ Delete	☐ Delete TITLE					☐ Change	Addition
STREET ADDRESS	P.O. BOX 12248			ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 323172248			-SI-ZIP					
TITLE NAME		☐ Delete	TITLE					☐ Change	■ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				- ST- ZIP					
1ITLE		Delete	TITLE	i		·		☐ Change	Addition
NAME STREET ADDRESS			MAM	E ADDRESS					
CITY-ST-ZIP				-SI-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAM	í					
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -SI-ZIP					
TITLE		☐ Delete	TITLE	<u> </u>				☐ Change	Addition
NAME			NAM	1					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
11. I hereby	Certify that the information supplied with	this filing does not qualify to	or the exe	mptions contain	ned in Chapter 119	, Florida Statutes. I tu	rther certify	that the info	rmation
indicated limited lia	on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have empowered to execute this	the same report as	e legal effect as s required by Cl	s if made under oat hapter 608, Florida	h; that I am a manag Statutes.	jing member	or manage	r of the