


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90041 020 ****50.00

DOCUMENT # L06000056438

1. Entity Name
 RCPI LANDMARKPROPERTIES LLC



Principal Place of Business Mailing Address
 823 NE 3RD STREET 823 NE 3RD STREET
 OCALA, FL 34470 US OCALA, FL 34470 US

2. Principal Place of Business - No P.O. Box #
 2008 SW 7th Street

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Ocala, Florida

Zip Country Zip Country
 34474 United States

04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 42-166 1917 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

60041555



6. Name and Address of Current Registered Agent

KAUFFMAN, VICTOR N MR.
 823 NE 3RD STREET
 OCALA, FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUFFMAN, VICTOR N MR.			NAME			
STREET ADDRESS	823 NE 3RD STREET			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34470			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Victor N. Kauffman Victor Kauffman 4-24-07 352-299-6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #