2008 LIMITED LIABILITY COMPANY

May 08, 2008, 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L06000060579 . 1. Entity Name, RMP PROPERTIES OF FLAGLER, LLC Principal Place of Business Mailing Address 7 LEE PLACE 31 CANNABY DRIVE PALM COAST, FL 32137 BROWNSBURG, IN 46112 05122008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIDD, M. SEAN DO NOT WRITE 7 LEE PLACE PALM COAST, FL 32137 IN THIS SPACE 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) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME TORBECK, RICHARD A STREET ADDRESS 31 CARNABY DR 000000949913 06/03/08-80046-021 138.75 C(TY-ST-ZIP BROWNSBURG, IN 46112 TITLE TORBECK, MARY PAT NAME STREET ADDRESS 31 CARNABY DR CITY-ST-ZIP BROWNSBURG, IN 46112 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE.

NAME STREET ADDRESS CITY-ST-ZIP