

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118506

Entity Name: RSC RENOVATION LLC

FILED
Aug 15, 2007
Secretary of State

Current Principal Place of Business:

3000 IMMOKALEE ROAD
SUITE 5
NAPLES, FL 34110 US

Current Mailing Address:

3000 IMMOKALEE ROAD
SUITE 5
NAPLES, FL 34110 US

New Principal Place of Business:

999 VANDERBILT BEACH ROAD
SUITE 610
NAPLES, FL 34108 US

New Mailing Address:

999 VANDERBILT BEACH ROAD
SUITE 610
NAPLES, FL 34108 US

FEI Number: 20-8050049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH, MICHAEL A
3000 IMMOKALEE ROAD
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

JOSEPH, MICHAEL A
999 VANDERBILT BEACH ROAD
SUITE 610
NAPLES, FL 34108 US

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.

SIGNATURE:

08/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRAWFORD, RICHARD
Address: 3000 IMMOKALEE ROAD, SUITE 5
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRAWFORD, RICHARD
Address: 999 VANDERBILT BEACH ROAD #610
City-St-Zip: NAPLES, FL 34108 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD CRAWFORD

MGRM

08/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date