


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90231 003 ***138.75

DOCUMENT # L07000031545		
1. Entity Name RPK ACQUISITION, LLC		

Principal Place of Business 13014 N DALE MABRY, STE 356 TAMPA, FL 33618	Mailing Address 13014 N DALE MABRY, STE 356 TAMPA, FL 33618
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2. Principal Place of Business - No P.O. Box # 13907 CARROWOOD VILLAGE RUN	3. Mailing Address
Suite, Apt. #, etc. RUN	Suite, Apt. #, etc.
City & State TAMPA FL	City & State
Zip 33618	Country US

60020355

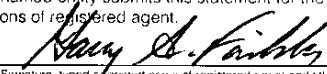


03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8968938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent KOUWE, ROBERT 13014 N DALE MABRY, STE 356 TAMPA, FL 33618	7. Name and Address of New Registered Agent Name: GARY FAIRBANKS Street Address (P.O. Box Number is Not Acceptable): 13907 CARROWOOD VILLAGE RUN City: TAMPA FL Zip: 33618
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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.

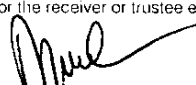
SIGNATURE:  GARY A. FAIRBANKS 4/1/08

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIM M. SCHWENCKE 13014 N. DALE MABRY HWY, STE 356 TAMPA, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBERT KOUWE 13014 N. DALE MABRY HWY, STE 356 TAMPA, FL 33618 <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:  KIM M. SCHWENCKE 4/1/08 813-269-0899

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