


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 10, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L99000001463</b> 1. Entity Name RS ARCHITECTURAL PARTNERS, LLC	
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Principal Place of Business 11911 US #1, #108 NORTH PALM BEACH, FL 33408	Mailing Address 11911 US #1, #108 NORTH PALM BEACH, FL 33408
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01072006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0922153	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

RHEIN, CHARLES N  
11911 US #1, #108  
NORTH PALM BEACH, FL 33408

**DO NOT WRITE  
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) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEABERG, RICHARD L 11911 US #1, #108 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RHEIN, CHARLES N 11911 US #1, #108 NORTH PALM BEACH, FL 33408
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01/11/06-80059-004 55.00

**DO NOT WRITE  
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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:** Richard L. Seaberg 1/6/06 561-622-2247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #