


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002632 1. Entity Name RKR FINANCE, L.C.	
---	---

Principal Place of Business 350 WEST COPANS ROAD POMPANO BEACH, FL 33064	Mailing Address 350 WEST COPANS ROAD POMPANO BEACH, FL 33064
--	--

DO NOT WRITE IN THIS SPACE



04272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0914717	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 KIRSCHNER, MITCHELL B ESQ. C/O HODGSON RUSS LLP 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431	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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRLAND, ROBERT A 350 WEST COPANS ROAD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRLAND, ROBERT A 350 W CPOANS RD. SUITE E POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTEMERLO, FRANK 350 W. COPANS RD. SUITE E POMANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X  **FRANCIS S. MONTEMERLO ASST SECRETARY 4/26/04 954-943-5000**

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