


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr-21, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003227

1. Entity Name
RKRP FAMILY PROPERTIES L.C.



Principal Place of Business
**811 MALAGA AVE
 CORAL GABLES, FL 33134**

Mailing Address
**811 MALAGA AVE
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



04122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0928232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, THEODORE J ESQ
 88 N.E. 168 STREET
 NORTH MIAMI BEACH, FL 33162**

DO NOT WRITE IN THIS SPACE

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

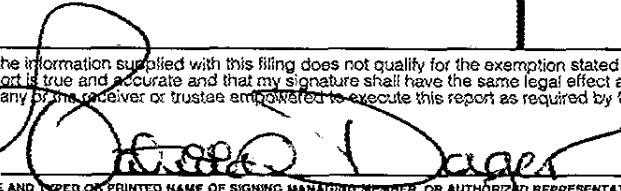
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 04/21/04-80039-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAGER, PATRICIA 1021 ALMERIA AVENUE CORAL GABLES, FL 331345501
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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:  **4/12/04 (305) 321-1616**

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