2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007167

1. Entity Name RT-NOKOMIS, LLC



FILED Mar 27, 2007 08:00 AM Secretary of State

Principal Place of Business

156 SAND DOLLAR LANE Sarasota, FL 34242 Mailing Address

156 SAND DOLLAR LANE SARASOTA, FL 34242



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0957130 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236

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		<u> </u>	
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 famillar 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			
	Signature, typed or printed name of registered agent and little it applicable.	(NOTE: Registation Agent agricule required when remissioning)	Units .
FI D	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAPLINGER, ROBERT 156 SAND DOLLAR LANE SARASOTA, FL 34242		U00000681042
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/04/07-80026-017 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS COTY-ST-ZIP		IN T	HIS SPACE

11. I hereby certify that the information supplied with his filling 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 true see propagated to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11-01

741740510

Daytime Phone #