2008 LIMITED LIABILITY COMPANY

Mar 28, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L99000007167** 03-28-2008 90170 034 ***143.75 RT-NOKOMIS, LLC Principal Place of Business Mailing Address 60017767 156 SAND DOLLAR LANE 156 SAND DOLLAR LANE SARASOTA, FL 34242 SARASOTA, FL 34242 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 65-0957130 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236 Street Address (P.O. Box Number is Not Acceptable) 156 SAND DOLLAR LA ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity/ the obligations of regis ILBERT TAILIACUA 1-14-01 SIGNATURE FILE NOW!!! FEE IS \$138,75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR: TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME TAPLINGER, ROBERT NAME 156 SAND DOLLAR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-7IP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accused 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 received or trusted mpowered to execute this report as required by Chapter 608, Florida Statutes.

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NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE

FILED