

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007470

Entity Name: R S P PROPERTIES, L.L.C.

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

5445 NW 26TH ST
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

7040 W. PALMETTO PARK RD.
SUITE 4, PMB 287
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0965572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSSGROVE, STEVEN D
457 WOODLAKE LANE, #1
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CROSSGROVE, STEVEN D
Address: 5445 N.W. 24TH STREET
City-St-Zip: MARGATE, FL 33063

Title: MGRM () Delete
Name: BOILEAU, RICHARD H
Address: 189 EL CAPITAN DR.
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM () Delete
Name: S&P INVEST SCI,
Address: 27 RUE DU SCHEID/L-6996 RAMELDANGE
City-St-Zip: GRAND DUCHY OF LUXEMBURG,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVE D CROSSGROVE

MR

01/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date