
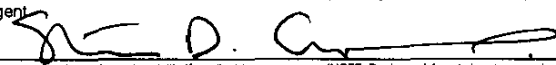
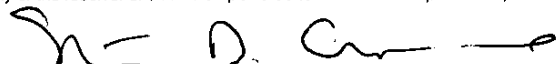


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90149 037 \*\*\*\*55.00

<b>DOCUMENT # L99000007470</b> 1. Entity Name R S P PROPERTIES, L.L.C.					
Principal Place of Business 5445 NW 24TH ST UNIT 2 MARGATE, FL 33063			Mailing Address 7040 W. PALMETTO PARK RD. SUITE 4, PMB 287 BOCA RATON, FL 33433 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROSSGROVE, STEVEN D <del>457 WOODLAKE LANE, #1</del> DEERFIELD BEACH, FL 33442			Name Street Address (P.O. Box Number is Not Acceptable) 691 EDGEWATER DRIVE City DEERFIELD BEACH FL Zip Code 33442		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSSGROVE, STEVEN D		NAME	691 EDGEWATER DRIVE	
STREET ADDRESS	457 WOODLAKE LANE		STREET ADDRESS	DEERFIELD BEACH FL 33442	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOILEAU, RICHARD H		NAME	411 WALNUT STREET	
STREET ADDRESS	189 EL CAPITAN DR.		STREET ADDRESS	GREEN COVE SPRINGS FL 32043	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	S&P INVEST SCI		NAME		
STREET ADDRESS	27 RUE DU SCHEID/L-6996 RAMELDANGE		STREET ADDRESS		
CITY-ST-ZIP	GRAND DUCHY OF LUXEMBURG,		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b> 			1/24/2006 9549737511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		