


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000009204**

1. Entity Name  
**R.K. ASSOCIATES XVIII, L.L.C.**



Principal Place of Business <b>17100 COLLINS AVE.          SUNNY ISLES, FL 33160</b>	Mailing Address <b>17100 COLLINS AVE.          SUNNY ISLES, FL 33160</b>
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**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1020404</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SHEVLIN, BARRY T  
 1111 KANE CONCOURSE, SUITE 605  
 BAY HARBOR ISLANDS, FL 33154**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, RAANAN 17100 COLLINS AVE. SUNNY ISLES, FL 33160
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**DO NOT WRITE IN THIS SPACE**

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: *Raanan Katz* 2/25/05 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #