


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L99000009204</b> 1. Entity Name R.K. ASSOCIATES XVIII, L.L.C.	
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Principal Place of Business 17100 COLLINS AVE. SUNNY ISLES, FL 33160	Mailing Address 17100 COLLINS AVE. SUNNY ISLES, FL 33160
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01052007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, RAANAN 17100 COLLINS AVE. SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, DANIEL 17100 COLLINS AVE., STE. 25 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, DAVID 17100 COLLINS AVE., STE. 225 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, SABRA 17100 COLLINS AVW., STE. 225 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/07-80096-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Sabra Katz **DATE:** 2/15/07 **DAYTIME PHONE #:** (781)320-0001

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