


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>DOCUMENT # M03000001896</b>  |   |                                 |  |                              |  |
| <b>1. Entity Name</b><br>RCH PROPERTIES, LLC  |   |                                 |  |   |  |
| <b>Principal Place of Business</b><br>10980 S. OCEAN DRIVE #814<br>JENSEN BEACH FL 34957  |   |                                 | <b>Mailing Address</b><br>10980 S. OCEAN DRIVE #814<br>JENSEN BEACH FL 34957 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   |                                 | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.  |   |  |
| <b>City &amp; State</b>   |   |                                 | <b>City &amp; State</b>  |   |  |
| <b>Zip</b>  |   | <b>Country</b>                  |  | <b>Zip</b>  |  |
| <b>Country</b>  |   | <b>Country</b>                  |  | <b>4. FEI Number</b><br>61-1337557  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |                                 |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SUMMERS, ROBERT P ESQ.<br>2400 S.E. FEDERAL HIGHWAY<br>FOURTH FLOOR<br>STUART FL 34994  |   |                                 |  | <b>7. Name and Address of New Registered Agent</b>  |  |
| Name  |   |                                 |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
| City  |   |                                 |  | FL Zip Code   |  |
| <b>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.</b>  |   |                                 |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____   |   |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>  |   |                                 |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                                 | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | MGRM<br>HALL, BETTY M<br>10980 S. OCEAN DRIVE #814<br>JENSEN BEACH FL 34957   | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000000599466<br>01/25/07-80029-010 50.00 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | MGRM<br>HALL, RUSSELL C<br>10980 S. OCEAN DRIVE #814<br>JENSEN BEACH FL 34957 | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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> |   |                                 |  |   |  |
| <b>SIGNATURE:</b> <u>Betty M Hall, Member Betty M Hall Member</u> 1-20-07   |   |                                 |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                                 |  |   |  |



1st MOORE CR2E083 (10/06)