

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90003 027 \*\*\*\*50.00

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|   |   |                     |   |  |  |
|---|---|---------------------|---|--|--|
| <b>DOCUMENT # M03000002882</b><br>1. Entity Name<br>R K CAUSEWAY PLAZA, LLC   |   |                     |   |  |  |
| Principal Place of Business<br>C/O R. K. ASSOCIATES<br>456 PROVIDENCE HIGHWAY, 2ND FLOOR<br>DEDHAM, MA 02027 US   |   |                     | Mailing Address<br>C/O R. K. ASSOCIATES<br>456 PROVIDENCE HIGHWAY, 2ND FLOOR<br>DEDHAM, MA 02027 US |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |  |  |
| City & State  |   | City & State        |   |  |  |
| Zip   | Country   | Zip                 | Country   | 07012005 Chg-LLC CR2E083 (10/03)<br>4. FEI Number <u>56-2402871</u> Applied For<br><u>65-0021866</u> Not Applicable                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |                     |   | 6. Name and Address of Current Registered Agent  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |   |                     |   | 7. Name and Address of New Registered Agent  |  |
|   |   |                     |   | Name   |  |
|   |   |                     |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |   |                     |   | City <span style="float: right;">FL</span> Zip Code  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |                     |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |   |                     |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>R.K. ASSOCIATES<br>17100 COLLINS AVENUE<br>MIAMI BEACH, FL 33160 |                     |   | <input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> |  |
|   | <input type="checkbox"/> Delete   |                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
|   | <input type="checkbox"/> Delete   |                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
|   | <input type="checkbox"/> Delete   |                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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|   | <input type="checkbox"/> Delete   |                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |                     |   |  |  |
| <b>SIGNATURE:</b> <u>Raanan Katz 7/11/05</u> <u>781-320-0001</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |   |                     |   |  |  |