2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002882

1. Entity Name R K CAUSEWAY PLAZA, LLC



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O R. K. ASSOCIATES 456 PROVIDENCE HIGHWAY, 2ND FLOOR DEDHAM, MA 02027 US Mailing Address

C/O R. K. ASSOCIATES 456 PROVIDENCE HIGHWAY, 2ND FLOOR DEDHAM, MA 02027 US

DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
56-2402841	ſ	Not Applicable
5. Certificate of Status Desired		Additional equired

6. Name and Address of Current Registered Agent

KATZ, DANIEL 17100 COLLINS AVE SUITE 225 SUNNY ISLES BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

SUNNY ISLES BEACH, FL 33160		"	IN THIS STAGE		
	named entity submits this statement for the purpose of changitions of registered agent.	ing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
FI	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR R.K. ASSOCIATES #5, INC. 17100 COLLINS AVENUE MIAMI BEACH, FL 33160				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000641022 02/28/07-80088-019 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TUTE					

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 receives or trusted empawered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

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(781)320-0001

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