## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # M03000002882**

1. Entity Name R'K CAUSEWAY PLAZA, LLC



**FILED** Feb 07, 2008 08:00 AN 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

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 56-2402841 Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

<u>-320-00</u>0

6. Name and Address of Current Registered Agent

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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changin tions of registered agent.	g its registere	ed office or registe	red agent, or b	oth, in the State of F	lorida. I am familiar with, and acc
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	d Agent signature require	d when rainstating)		DATE
FILE	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					
70.00 30.003			,			
9.	MANAGING MEMBERS/MANAGERS		1			
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						00819859 3-80005-005 138.7
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	VRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS S	PACE
THILE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 employered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, OR AUTHORIZED REPRESENTATIVE