2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 13, 2006 08:00 AM Secretary of State DOCUMENT # M04000001322 RHC DEVELOPMENT, L.L.C. Mailing Address Principal Place of Business 8525 REDLEAF LANE 8525 REDLEAF LANE ORLANDO, FL 32819 ORLANDO, FL 32819 01032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3905608 Not Applicat \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ICARDI, JEFFREY A ESQ DO NOT WRITE 2180 W STATE ROAD 434 STE 6190 IN THIS SPACE LONGWOOD, FL 32779 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE DUGGAL, KARAM NAME STREET ADDRESS 8525 REDLEAF LANE U00000185974 CITY-ST-ZIP ORLANDO, FL 32819 01/18/06-80037-016 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of limited liability company or the receiver or trustee empowered 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

Daytime Phone #