
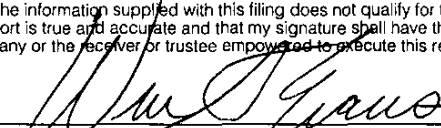


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90042 025 \*\*\*\*50.00

|   |  |  |   |  |                                |
|---|--|--|---|--|--------------------------------|
| <b>DOCUMENT # M06000003018</b>  |  |  |   |   |                                |
| <b>1. Entity Name</b><br>RFL OWNER LLC  |  |  |   |  |                                |
| <b>Principal Place of Business</b><br>% CAPITAL PARTNERS, INC.<br>ONE INDEPENDENT DRIVE, STE. 114<br>JACKSONVILLE, FL 32202   |  |  | <b>Mailing Address</b><br>% CAPITAL PARTNERS, INC.<br>ONE INDEPENDENT DRIVE, STE. 114<br>JACKSONVILLE, FL 32202   |  |                                |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>One Independent Drive  |  | <b>3. Mailing Address</b><br>One Independent Drive           |   |  |                                |
| Suite, Apt. #, etc.<br>Suite 1850   |  | Suite, Apt. #, etc.<br>Suite 1850                            |   |  |                                |
| City & State<br>Jacksonville, FL  |  | City & State<br>Jacksonville, FL                             |   |  |                                |
| Zip<br>32202  | Country  | Zip<br>32202   | Country   | <b>4. FEI Number</b><br>20-5162319   |                                |
| <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>EVANS, WILLIAM G<br><del>% CAPITAL PARTNERS, INC.</del> Suite 1850<br>ONE INDEPENDENT DRIVE, STE. 114<br>JACKSONVILLE, FL 32202   |  |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |                                |
| <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 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 May 1, 2007</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |                                |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PGR HOLDINGS LLC <input checked="" type="checkbox"/> Delete<br>ONE INDEPENDENT DRIVE, STE. 114<br>JACKSONVILLE, FL 32202 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>CP Investments I LLC<br>One Independent Dr. Ste 1850<br>Jacksonville, FL 32202 |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                |
| <b>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 empowered to execute this report as required by Chapter 608, Florida Statutes.</b> |  |  |   |  |                                |
| <b>SIGNATURE:</b>    |  |  | Authorized Representative   |  | 4/24/07 (904) 356-1978         |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <small>Date</small>   |  | <small>Daytime Phone #</small> |