

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000006231

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** RECAPITALIZATION PARTNERS FUND I, L.L.C.

**Current Principal Place of Business:**

660 HERMITAGE CIRCLE, SUITE 100  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

660 HERMITAGE CIRCLE  
SUITE 100  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

660 HERMITAGE CIRCLE, SUITE 100  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

660 HERMITAGE CIRCLE  
SUITE 100  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 45-4146678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, JOEL  
660 HERMITAGE CIRCLE, SUITE 100  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

LEVINE, JOEL  
660 HERMITAGE CIRCLE  
SUITE 100  
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: JOEL LEVINE

02/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RECAPITALIZATION PARTNERS, L.L.C.  
Address: 660 HERMITAGE CIRCLE, SUITE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JOEL LEVINE

MGR

02/10/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date