2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name	MENT # N16854 RK PLACE CONDOMINIUI			አስበዮዮችባበ የ						
9455 KOGER	e of Business IL & TAX SOLUTIONS BLVD, STE 113 SBURG, FL 33702	LUTIONS 113 33702		91 (191 0) 10 (1910) 1910 (1910) 1910 (1910)	הפוש נוסים נוצום נוסוס נוסום מסו					
2. Principal Place of Business SEII		3. Mailing Address Sume								
3407 SKenwood Ave				02172005		CR2E037 (10/03)				
City & State Tampa FL		City & State		4. FEI Numb	PPLICABLE	No	oplied For of Applicable			
33611	Country USA	33611	Country	_ <u>,_l</u>	e of Status Desired d Address of New Reg	\$8.75 Add Fee Required				
	6. Name and Address of Current	Latheralan Wägur	Name	/ Name an		Arereren Wilgilir				
	, VIRGINIA		<u> </u>	1144 JESSEII						
	ICIAL & TAX SOLUTIONS		Street Add	dress (P.O. Box Numi	per is Not Acceptable)		;			
SAINT PE	ER BLVD, STE 113∰ TERSBURG⊱FL 33702		390	OT SKP	nwood A	We	,			
			City T							
	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 obligati	ions of registered agent.					^				
SIGNATURE ACCUSED TO TO SIGNATURE Signature, typos or printed name of registered name of regist										
SIGNATURÉ .	Signature, typed or printed name of registered spent	(/) 			· · · · · · · · · · · · · · · · · · ·	DATE				
SIGNATURE .	Signature, mood or printed name of registerep agent Filling Fee is \$61.25 Due by May 1, 2005	(/) 	legistereti Agent signature align Financing	s required when reinstating) \$5.00 May	Florid	ke check payable to la Department of Si	tate			
SIGNATURE .	Filing Fee Is \$61.25	and title If applicable. (NOTE: R 9. Election Camp Trust Fund Cot	legistered Agent signature align Financing ntribution.	\$5.00 May Added to Fee	Florid	ke check payable to la Department of Si	tate			
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

well SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.21.05

813-639-5614