

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

[illegible]

DOCUMENT # P04000047084	
1. Entity Name RGF PROPERTIES, INC.	
Principal Place of Business 6550 ST. AUGUSTINE RD. 303 JACKSONVILLE FL 32217	Mailing Address 6550 ST. AUGUSTINE RD. 303 JACKSONVILLE FL 32217

FEB 01, 2007 8:00 am  
**Secretary of State**

02-01-2007 90023 022 \*\*\*150.00

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E034 (10/06)

4. FEI Number 37-1486828	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FALLAR, SCOTT W 8777 SAN JOSE BLVD BLDG A, STE 200 JACKSONVILLE FL 32217	
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7. Name and Address of New Registered Agent Name AKEL, DANIEL Street Address (P.O. Box Number is Not Acceptable) Independent Dr. Ste. 2301 City Jacksonville FL Zip Code 32202	
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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.

SIGNATURE [Signature] DATE 1/24/07  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP D President RUKAB, ROBERT 6550 ST. AUGUSTINE RD. JACKSONVILLE FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: LORIE GRASSI Lori Grassi 1-18-07 9047379498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #