

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000074003

1. Entity Name

RCP SARASOTA, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 16 AM 9:23

Principal Place of Business

~~20 E 63RD ST~~  
NEW YORK NY 10022

Mailing Address

~~20 E 63RD ST~~  
NEW YORK NY 10022

c/o RCP General Inc.

c/o RCP General Inc.

2. Principal Place of Business

16 East 52nd St

3. Mailing Address

16 East 52nd St

Suite, Apt. #, etc.

7th Floor

Suite, Apt. #, etc.

7th Floor

City & State

NY NY

City & State

NY NY

Zip

10022

Country

Zip

10022

Country

4. FEI Number

65-0775869

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, DAVID L ESQ  
10225 ULMERTON RD  
BLDG 9-C  
LARGO FL 33771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ROSEN, JONATHAN A  
STREET ADDRESS ~~20 E 63RD ST~~  
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 16 East 52nd Street, 7th Floor  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Jonathan Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06

212 755 7778

Date

Daytime Phone #

W. Williams MAY 16 2006