


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90037 025 \*\*\*\*50.00

**DOCUMENT # L04000058467**

1. Entity Name  
 RIA ASSOCIATES, L.L.C.



Principal Place of Business      Mailing Address  
 C/O JOHN A. MORAN      C/O JOHN A. MORAN  
 22 S. LINKS AVENUE, SUITE 300      P.O. BOX 3948  
 SARASOTA, FL 34230-3948      SARASOTA, FL 34236

20019776



2. Principal Place of Business *John Moran*      Mailing Address  
**1990 Main Street**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 700**

03072005    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
**Sarasota, FL**

4. FEI Number      Applied For  
**06-1730964**      Not Applicable

Zip      Country      Zip      Country  
**34236**      **U.S.**

5. Certificate of Status Desired      \$5.00 Additional Fee Required.  
     

6. Name and Address of Current Registered Agent  
 MORAN, JOHN A  
 C/O JOHN A. MORAN  
 22 S. LINKS AVENUE, SUITE 300  
 SARASOTA, FL 34230-3948

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1990 Main Street, Suite 700**  
 City **Sarasota**      State **FL**      Zip Code **34236**

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 *John Moran*      DATE **3/7/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00 Due by May 1, 2005**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNLAP, SCOTT W P.O. BOX 3948 SARASOTA, FL 342303948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORAN, JOHN A P.O. BOX 3948 SARASOTA, FL 342303948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 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.

SIGNATURE: *John Moran*      DATE: **3/7/05**      DAYTIME PHONE: **941/366-0115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

**John A. Moran, Manager**