


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90170 016 ****50.00

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|-------------------------------------|---|
| DOCUMENT # L05000063547 |  |
| 1. Entity Name RACLAD LLC | |

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|---|---|
| Principal Place of Business 2832 NW 99TH TERRACE SUNRISE, FL 33322 | Mailing Address 2832 NW 99TH TERRACE SUNRISE, FL 33322 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

20005161



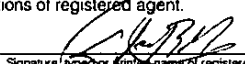
02012006 Chg-LLC CR2E083 (11/05)

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|------------------------------------|---|
| 4. FEI Number 20-3099741 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|--|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent MARTINEZ, JOSE R 2832 NW 99TH TERRACE SUNRISE, FL 33322 | 7. Name and Address of New Registered Agent 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.

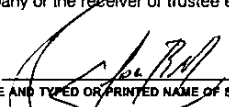
SIGNATURE  DATE 02/01/06

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

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARTINEZ, JOSE R 2832 NW 99TH TERRACE SUNRISE, FL 33322 <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 | MGR MARTINEZ, AURORA 2832 NW 99TH TERRACE SUNRISE, FL 33322 <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 | MGR MARTINEZ, ADRIAN A 2832 NW 99TH TERRACE SUNRISE, FL 33322 <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 | MGR MARTINEZ, CLAUDETTE I 2832 NW 99TH TERRACE SUNRISE, FL 33322 <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 |
| 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 |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 02/01/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE