2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90128 047 ****50.00

DOCUMENT # L98000003408

1. Entity Name
RETIREMENT & INSURANCE ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
5811 PELICAN BAY BLVD., STE. #300 NAPLES FL 34108	5811 PELICAN BAY BLVD., STE. #300 NAPLES FL 34108

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1185 Immokalee Rd.	1185 Immokalee Rd.
Suite, Apt. #, etc.: Suite # 120	Suite, Apt. #, etc.: Suite #120
City & State: NAPLES, FL.	City & State: NAPLES, FL.
Zip: 34110 / Country: USA COLLIER	Zip: 34110 / Country: Collier

4. FEI Number 15-6467123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMARG, RICHARD M
5811 PELICAN BAY BLVD., STE. #300
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name: SMARG, RICHARD M.
Street Address (P.O. Box Number is Not Acceptable): 1185 Immokalee Rd., Suite #120
City: NAPLES FL Zip Code 34110

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] (Richard M. Smarg) 4-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMARG, RICHARD M 5811 PELICAN BAY BLVD. SUITE #300 NAPLES FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMARG, RICHARD M. 1185 Immokalee Rd., Suite #120 NAPLES, FL. 34110 ☒ Change (Address) ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] (Richard M. Smarg) 4-14-03 239-434-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #