


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90037 012 ****50.00

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|---|--|--|--|---|--|
| DOCUMENT # L00000000644 1. Entity Name GARY RICHARDS ASSOCIATES, LLC | | | |  | |
| Principal Place of Business 104 AMALFIE RD. NOKOMIS, FL 34275 | | | Mailing Address PO BOX 909 NOKOMIS, FL 34274 | | |
| 2. Principal Place of Business 104 AMALFIE RD. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State NOKOMIS, FL | | City & State | | | |
| Zip 34275 | | Country USA | | 4. FEI Number 65-0989059 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RICHARDS, GARY 104 AMALFIE RD. NOKOMIS, FL 34275 | | | 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 _____ (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 | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P RICHARDS, GARY 104 AMALFIE RD. NOKOMIS, FL 34275 <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 | VP RICHARDS, SUNG 104 AMALFIE RD. NOKOMIS, FL 34275 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 4/29/2005 Daytime Phone # | | |