

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000644

FILED  
Jul 18, 2007  
Secretary of State

Entity Name: GARY RICHARDS ASSOCIATES, LLC

**Current Principal Place of Business:**

104 AMALFIE RD.  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 909  
NOKOMIS, FL 34274

**New Mailing Address:**

997 TAMIAMI TRAIL NORTH  
UNIT C111  
NOKOMIS, FL 34275

FEI Number: 65-0989059      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RICHARDS, GARY  
104 AMALFIE RD.  
NOKOMIS, FL 34275      US

**Name and Address of New Registered Agent:**

RICHARDS, GARY  
997 TAMIAMI TRAIL NORTH  
UNIT C111  
NOKOMIS, FL 34275      US

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.

SIGNATURE: \_\_\_\_\_

07/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: RICHARDS, GARY  
Address: 104 AMALFIE RD.  
City-St-Zip: NOKOMIS, FL 34275

Title: VP ( ) Delete  
Name: RICHARDS, SUNG  
Address: 104 AMALFIE RD.  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: RICHARDS, GARY  
Address: 997 TAMIAMI TRAIL NORTH, UNIT C111  
City-St-Zip: NOKOMIS, FL 34275

Title: VP (X) Change ( ) Addition  
Name: RICHARDS, SUNG  
Address: 997 TAMIAMI TRAIL NORTH, UNIT C111  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY RICHARDS

PRES

07/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date