

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L0000000 1934**

1. Entity Name  
**RETIREMENT INCOME SPECIALISTS LLC**

FILED

01 JUN -7 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**156 HAMPTON PL. SAME**  
**JUPITER, FL. 33458**

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

4. FEI Number **65-0970240** Applied For  
Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KELLY III, JOSEPH P.**  
**156 HAMPTON PLACE**  
**JUPITER, FL. 33458**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE <b>MANAGER</b>	<input type="checkbox"/> Delete
NAME <b>JOSEPH P. KELLY III</b>	
STREET ADDRESS <b>156 HAMPTON PLACE</b>	
CITY-ST-ZIP <b>JUPITER, FL. 33458</b>	
TITLE <b>MANAGER</b>	<input type="checkbox"/> Delete
NAME <b>THOMAS E. THORNHILL</b>	
STREET ADDRESS <b>2459 COUNTRY GOLF DR.</b>	
CITY-ST-ZIP <b>(WELLINGTON), FL. 33414</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE <b>MEMBER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOHN GRAVANTE</b>	
STREET ADDRESS <b>212 NR ST. AS</b>	
CITY-ST-ZIP <b>LANE NORTH FL 33460</b>	
TITLE <b>MEMBER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARK HUTT</b>	
STREET ADDRESS <b>12633 WHITE CORAL DR.</b>	
CITY-ST-ZIP <b>(WELLINGTON), FL. 33414</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**800004423671-6**  
**-06/18/01--01018--013**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: **Joseph P. Kelly III** **JOSEPH P. KELLY III** **6/5/01** **561-745-9702**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)