


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000001934</b> 1. Entity Name <b>RETIREMENT INCOME SPECIALISTS L.L.C.</b>	
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Principal Place of Business <b>156 HAMPTON PLACE JUPITER FL 33458</b>	Mailing Address <b>156 HAMPTON PLACE JUPITER FL 33458</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>65-0970240</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE      CR2E083 (10/05)

<b>6. Name and Address of Current Registered Agent</b>  <b>KELLY, JOSEPH P III 156 HAMPTON PLACE JUPITER FL 33458</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR KELLY, JOSEPH P III	<input type="checkbox"/> Delete	TITLE	11100000479365	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KELLY, JOSEPH P III		NAME	04/08/06-80045-024 50.00	
STREET ADDRESS	156 HAMPTON PLACE		STREET ADDRESS		
CITY - ST - ZIP	JUPITER FL 33458		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KELLY, ANNE		NAME		
STREET ADDRESS	156 HAMPTON PLACE		STREET ADDRESS		
CITY - ST - ZIP	JUPITER FL 33458		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph P Kelly III      4/4/06      561-743-3516