2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
06 SEP -5 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000001242

1. Entity Name
RARETEC, LLC

Principal Place of Business	Mailing Address
128 W. BROADWAY, SUITE 200 OVIEDO, FL 32765	128 W. BROADWAY, SUITE 200 OVIEDO, FL 32765

08102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3239 Deer Chase Run	3239 Deer Chase Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, Florida	City & State: Longwood, Florida
Zip: 32779 Country: U.S.	Zip: 32779 Country: U.S.

4. FEI Number: 58-2599189 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHOEZ, GINA 128 W BROADWAY, STE 200 OVIEDO, FL 32765	Name: CorpDirect Agents Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue City: Tallahassee FL Zip Code: 32301

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: Cynthia A Hick 9/5/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MERRIGAN, RICHARD A.P. 128 W. BROADWAY #200 OVIEDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MRGM MERRIGAN, RICHARD AP 3239 Deer Chase Run Longwood, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHOEZ, GINA 128 W. BROADWAY #200 OVIEDO, FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Sheila Merrigan 3239 Deer Chase Run Longwood, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900079728229 09/12/06--01060--013 **50.00	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Thomas L. Raleigh, Esq. Authorized Representative Sept 5, 2006 407-423-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #