2005 LIMITED LIABILITY COMPANY

SIGNATURE

FILED Apr 05, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L01000011473 1. Entity Name RICHARD JAMES, LLC Principal Place of Business __ Mailing Address 188 MT. HOPE AVENUE 188 MT. HOPE AVENUE ROCHESTER, NY 14620 ROCHESTER, NY 14620 03172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1626853 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDSTEIN, PAUL DO NOT WRITE 14541 SHERBROOK PLACE IN THIS SPACE FORT MYERS, FL 33912 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signalure required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE GIANFORTI, SR, JAMES E NAME STREET ADDRESS 188 MT HOPE AVENUE ROCHESTER, NY 14620 CITY-ST-ZIP TITLE GIANFORTI, SR, RICHARD C NAME 100000288662 STREET ADDRESS 188 MT HOPE AVENUE <u>.04//65/</u>05-80019**-**011 50**.00** CITY-ST-ZIP ROCHESTER, NY 14620 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

IGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #