2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L01000016007 Feb 01, 2005 08:00 AM 1. Entity Name **Secretary of State** RUCH INVESTMENTS, L.L.C. Mailing Address Principal Place of Business 5676 SANTA ANITA DR TALLAHASSEE FL 32309 5676 SANTA ANITA DR TALLAHASSEE FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State Applied For 4, FEI Number City & State 59-3748164 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUCH, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 2501 LONNBLADH ROAD TALLAHASSEE FL 32308 Zip Code FL 3. 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition MGRM THE THE ☐ Delele U00000208629 RUCH, RICHARD W NAME NAME STREET ADDRESS 02/02/05-80002-005 50.00 STREET ADDRESS 5676 SANTA ANITA DR CITY - ST - ZIP TALLAHASSEE FL 32309 CITY-ST ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition THLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE