2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 30, 2007 08:00 AM DOCUMENT # L01000016007 1. Entity Namo **Secretary of State** RUCH INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 5676 SANTA ANITA DR 5676 SANTA ANITA DR TALLAHASSEE FL 32309 TALLAHASSEE FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 59-3748164 Not Applicable Country 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 Name RUCH, RICHARD W Stroot Address (P.O. Box Number is Not Acceptable) 2501 LONNBLADH ROAD TALLAHASSEE FL 32308 Zip Code City 8. The above named ontity 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Э. ☐ Addition IIIL IIII ☐ Change MGRM Delete U000000611708 NAME NAME RUCH, RICHARD W 02/02/07-80074-006 50.00 STREET ADDRESS STREET ADDRESS 5676 SANTA ANITA DR CITY -ST-IIP COTY - ST- ZUE TALLAHASSEE FL 32309 ☐ Change ☐ Addition Delete TITLE MILE MAME NAME STREET I ADDRESS STREET ADDRESS CITY ST IP CITY-ST-ZIP ☐ Defete TITLE Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- UP CUTY ST TUP ☐ Change Collibba . IIIL ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY SI ZIP CITY-ST ZIP ☐ Change ☐ Addition HILE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST ZIP Change ☐ Addition Delete THE MI NAME NAME STREET ADDRESS STREET ADDRESS CITY SE-ZIP CITY - \$1 - ZIP 11. I horoby 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 eath; 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

<u>850-251-9299</u>