

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000875

1. Entity Name
RAIKES & RAIKES, LLC



Principal Place of Business 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216 US	Mailing Address 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216 US
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02082006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0443126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RAIKES, LARRY
 4479 DEERWOOD LAKE PARKWAY
 SUITE 1
 JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

400000546512
 05/11/06-80120-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAIKES, LARRY 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAIKES, MITCHELL 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Larry Rakes* **LARRY RAIKES** 4-26-06 904-545-9205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #