

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008580

Entity Name: RICHIE RICH, LLC

FILED
Feb 27, 2005
Secretary of State

Current Principal Place of Business:

2030 SOUTH THIRD STREET, #204
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1843 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

2030 SOUTH THIRD STREET, #204
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

1843 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250

FEI Number: 01-0610661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, DALE
1843 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GAINES, DALE
Address: 2030 SOUTH THIRD STREET, #204
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR () Delete
Name: GAINES, SHARON
Address: 2030 SOUTH THIRD STREET, #204
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DALE W. GAINES

MGR

02/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date