


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90052 026 ****50.00

DOCUMENT # L02000030816			
1. Entity Name RALPH A. MANCUSI, LLC			
Principal Place of Business 3173 HIGHWAY 17 SOUTH ORANGE PARK, FL 32003		Mailing Address 3173 HIGHWAY 17 SOUTH ORANGE PARK, FL 32003	
2. Principal Place of Business 3173 US HIGHWAY 17 Suite, Apt. #, etc.		3. Mailing Address 3173 US HIGHWAY 17 Suite, Apt. #, etc.	
City & State ORANGE PARK, FL		City & State ORANGE PARK, FL	
Zip 32003	Country USA	Zip 32003	Country USA
4. FEI Number 02-0656689		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent MANCUSI, RALPH A 3173 HIGHWAY 17 SOUTH ORANGE PARK, FL 32003		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3173 US HIGHWAY 17 City ORANGE PARK FL Zip Code 32003	
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		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANCUSI, RALPH A 3173 HIGHWAY 17 SOUTH ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ralph A. Mancusi</u>		Date: <u>1/5/06</u>	Daytime Phone #: <u>904-264-4825</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			