2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L02000034651 1. Entity Name RAL INDUSTRIES, LLC			(é)			05-02-2005 9	0129 001 ***	*50.00
Principal Place of Business		Mailing Address		•	1			
2400 FLORA LANE PUNTA GORDA, FL 33950		2400 FLORA LANE Punta Gorda, Fl. 33950			20053600			
FUNIA GUNL	UN, I E 33330	FUNTA GUNDA, IL 333.	50	•	1.100.000.000			
2 Principal P	Place of Business	3. Mailing Address						
E. Filliopar Face of Education		a. Maning Address					1 1010 1 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005	Chg-LLC	CR2E083 (10/	03)	
City & State		City & State		4. FEI Numb	er		Applied For	
				03-050	3672		Not Applicable	
Zip Country		Zip :	Country		5. Certificate	of Status Desired	□ \$5.00 Fee Red	Additional uired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		
LLOYD, VI	IRGII D			Name				
2400 FLO	RA LANE			Street Address (P.O. Box Numb	er is Not Acceptable)	
PUNTA GO	ORDA, FL 33950		_				· -	
			<u> </u> -	City			□ Zin	Code
8 The above	named entity submits this statement for	r the oursess of changing its r	registered	office or register	and agent or be	th is the State of Ele	rL	
the obligat	tions of registered agent.	the purpose of changing its in	agistored	Office of Tegrate	ed agent, or bo	in, in the state of Fig	noa, ram tammary	иш, ало ассерг
SIGNATURE .	Signature, typed or printed name of registered agent	and the desirable ships to	Daniston d N				***************************************	
	Signature, special printed harrie of registered agent	ind the it approache. (NOTE.	. negistered A	gent signature required	i when tenistating)		DATE	
		1					·	
Fi D	lling Fee is \$50.00 ue by May 1, 2005						check payable Department of S	
9.	we by May 1, 2005 MANAGING MEMBE		10.				Department of S	itate
9.	MANAGING MEMBE	RS/MANAGERS	TITLE		•	Florida	Department of S	itate
9.	we by May 1, 2005 MANAGING MEMBE		TITLE NAME	ADORESS	·	Florida	Department of S	itate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM LLOYD, VIRGIL D 2400 FLORA LANE PUNTA GORDA, FL 33950	. Celete	TITLE NAME			Florida	Department of S	itate
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1. Incredy certify that the information supplied with this lilling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #