

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90058 017 \*\*\*\*50.00

**20031874**



<b>DOCUMENT # L02000034651</b> 1. Entity Name <b>RAL INDUSTRIES, LLC</b>			
Principal Place of Business <b>2400 FLORA LANE PUNTA GORDA, FL 33950</b>		Mailing Address <b>2400 FLORA LANE PUNTA GORDA, FL 33950</b>	
2. Principal Place of Business <b>1210 Columbian Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1210 Columbian Dr.</b> Suite, Apt. #, etc.	
City & State <b>Punta Gorda, FL</b> Zip <b>33950</b> Country		City & State <b>Punta Gorda, FL</b> Zip <b>33950</b> Country	
4. FEI Number <b>03-0503672</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LLOYD, VIRGIL D 2400 FLORA LANE PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1210 Columbian Dr.</b> City <b>Punta Gorda</b> FL Zip Code <b>33950</b>	
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 <u><i>Virgil D. Lloyd</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/11/06</u>			
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	MGRM LLOYD, VIRGIL D 2400 FLORA LANE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1210 Columbian Dr. Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYD, REBECCA A 2400 FLORA LANE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1210 Columbian Dr. Punta Gorda, FL 33950</b>
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
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
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
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><i>Virgil D. Lloyd</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u>4/11/06</u> Date Daytime Phone #	