
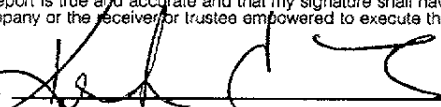


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000014232</b>		
1. Entity Name <b>ROYAL BRITAIN, LLC</b>		
Principal Place of Business <b>9 HARBOR CENTER DRIVE SUITE 12 PALM COAST, FL 32137</b>		Mailing Address <b>9 HARBOR CENTER DRIVE SUITE 12 PALM COAST, FL 32137</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>EVANS, KEITH 9 HARBOR CENTER DR SUITE 12 PALM COAST, FL 32137</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EVANS, KEITH 9 HARBOR CENTER DR SUITE12 PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAMURIN, ALEKSANDR M 30 BUNKER LN PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____		



01152006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>04-3755166</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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01/25/06-80015-003 50.00

**DO NOT WRITE  
IN THIS SPACE**