


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90062 030 \*\*\*\*50.00

<b>DOCUMENT # L03000020844</b>	
1. Entity Name <b>RICHFIELD COMMERCIAL PROPERTIES, LLC</b>	

Principal Place of Business <b>127 RICHFIELD DRIVE LAKE PLACID, FL 33852</b>	Mailing Address <b>127 RICHFIELD DRIVE LAKE PLACID, FL 33852</b>
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2. Principal Place of Business <b>127 RANIER DRIVE</b>	3. Mailing Address <b>127 RANIER DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAKE PLACID, FL</b>	City & State <b>LAKE PLACID, FL</b>
Zip <b>33852</b>	Country <b>HIGHLANDS</b>
Zip <b>33852</b>	Country <b>HIGHLANDS</b>



03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>01-0794177</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>HOY, MIKE P 127 RICHFIELD DRIVE LAKE PLACID, FL 33852</b>		
7. Name and Address of New Registered Agent Name <b>HOY, MIKE P</b> Street Address (P.O. Box Number is Not Acceptable) <b>127 RANIER DRIVE</b> City <b>LAKE PLACID</b> FL Zip Code <b>33852</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) 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 HOY, MIKE P 127 RANIER DRIVE LAKE PLACID, FL 33852 <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
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:** *Mike P. Hoy* **3/23/06** **863 465-7501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #