## 2005 LIMITED LIABILITY COMPANY

## **FILED** ANNUAL REPORT Jan 18, 2005 08:00 AM **Secretary of State** DOCUMENT # L03000025146 1. Entity Name RUCHA, LLC Principal Place of Business Mailing Address 2341 PORTER LAKE DRIVE PO BOX 2838 SUITE\*207 SARASOTA, FL 34230 SARASOTA, FL 34240 01102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1196879 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, CHARLES H DO NOT WRITE 2341 PORTER LAKE DR. #207 SARASOTA, FL 34240 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2005

| <u>[_9</u>                            | MANAGING MEMBERS/MANAGERS   |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>WILSON, CHARLES H<br>2341 PORTER LAKE DR. #207<br>SARASOTA, FL 34240 |
| NAME STREET ADDRESS CITY-ST-ZIP       | MGR<br>JAMES, E. RUSSELL<br>8585 MIDNIGHT PASS ROAD<br>SARASOTA, FL 34242   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |

UQ0000184531 01/20/05-80035-002 50.00

Applied For

Not Applicable

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is tolerant accourate 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 of the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MANAGE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE