




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90029 045 ****50.00

DOCUMENT # L03000027142 1. Entity Name RIC HOLDING, LLC																																	
Principal Place of Business 6065 SCHOFIELD DRIVE PENSACOLA FL 32506			Mailing Address 6065 SCHOFIELD DRIVE PENSACOLA FL 32506																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																														
City & State			City & State																														
Zip		Country		4. FEI Number 86-1075103																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																													
6. Name and Address of Current Registered Agent CLEMENTS, ALLEN J 6065 SCHOFIELD DRIVE PENSACOLA FL 32506																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code																																	
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  DATE 4/21/04 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> MGRM CLEMENTS, ALLEN J 6065 SCHOFIELD DRIVE PENSACOLA FL 32506 </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> Change Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Change Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Change Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Change Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Change Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> Change Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CLEMENTS, ALLEN J 6065 SCHOFIELD DRIVE PENSACOLA FL 32506	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition
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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 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:  DATE 4/21/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	