## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| DOCUMENT # L03000027142  1. Entity Name RIC HOLDING, LLC  |   |  | Secret  | ary of Stat                               |  |
|---|---|--|---|---|--|
| Principal Plac<br>6065 SCHOF<br>PENSACOLA,  | FIELD DRIVE   | Mailing Address<br>6065 SCHOFIELD DRIVE<br>PENSACOLA, FL 32506 |   |   |  |
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent   |   |  |   | 4. FEI Number 86-1075103                  | 83 (10/03)  Applied For Not Applicable  55.00 Additional de Required |
| CLEMENTS, ALLEN J<br>6065 SCHOFIELD DRIVE<br>PENSACOLA, FL 32506  |   |  | DO NOT WRITE<br>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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstanting)  DATE.  |   |  |   |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |  |   |   |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | MANAGING MEMBER MGRM CLEMENTS, ALLEN J 6065 SCHOFIELD DRIVE PENSACOLA, FL 32506 | S/MANAGERS   | <del>                                      </del> | !!00000336100<br><u>04/27/0</u> 5-80115-( | 301 SS.00  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   | -DO NOT WRITE                             | - <u> </u>   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   | IN THIS SPACE                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   |   | تعضر   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   | All Or(O) Florida Control (Arthur Miles   | that the information   |
| 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:  4/2//057 850.554 064/ |   |  |   |   |  |
| SIGNATURE: 712(10) SIGNATURE AND TYPED OF PRINTER HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DOUBLE PROPERTY.   |   |  |   |   |  |