

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000029983**

1. Entity Name  
RETAIL INTELLIGENCE GROUP, LLC



Principal Place of Business  
3922 COCONUT PALM DRIVE  
TAMPA, FL 33619

Mailing Address  
3922 COCONUT PALM DRIVE  
TAMPA, FL 33619



04102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3146661

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BUSINESS GUIDES, INC.  
3922 COCONUT PALM DRIVE  
TAMPA, FL 33619

**DO NOT WRITE  
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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME FRIEDMAN, J. ROGER  
STREET ADDRESS 425 PARK AVE  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE MGR  
NAME MILLS, DANIEL J  
STREET ADDRESS 425 PARK AVE  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE MGR  
NAME DISCIARROTTA, ARTHUR  
STREET ADDRESS 3922 COCONUT PALM DR.  
CITY-ST-ZIP TAMPA, FL 33619

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000532862  
05/06/06-801000-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:** \_\_\_\_\_

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

4/17/06 813 627 6705

Date

Daytime Phone #