2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM Secretary of State DOCUMENT # L03000034312 REVELATIONS TWENTY-TWO, LLC Principal Place of Business Mailing Address 1 PROGRESS PLAZA, SUITE 1210 BANK OF AMERICA TOWER ST. PETERSBURG FL 33701 1506 GRANGER ROAD MEDINA OH 44256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-0245097 Not Applicat: Country Zia Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALLER, KAREN Street Address (P.O. Box Number is Not Acceptable) 1 PROGRESS PLAZA, SUITE 1210 BANK OF AMERICA TOWER ST. PETERSBURG FL 33701 City 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, typed or printed name of registered agent and title if approache. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 Ŷ. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGR Delete TITLE Addi. ☐ Change NAME BEARD, ELIZABETH D NAME U000000456588 STREET ADDRESS 1506 GRANGER ROAD STREET ADDRESS 03/16/06-80029-023 50.00 CITY-ST-278 MEDINA OH 44256 CITY-ST-ZIP TITLE ☐ Delete Ditt ☐ Change □ AAPA MARKE NAME STREET ADDRESS STREET ADDRESS GTT-S1-21P CITY-ST-ZIP TITLE ☐ Defete TITLE 口水流 ☐ Change NAME NAME STREET ABORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change The Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete me ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Elizabeth D. Beard, manager