

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000002703

FILED
Sep 15, 2006
Secretary of State

Entity Name: RAVCA GROUP LLC

Current Principal Place of Business:

2140 N. MICHIGAN AVENUE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 453696
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 11-3710590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAUSING, RAINIER V
P.O. BOX 453696
KISSIMMEE, FL 34745 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: SILGUERA, ELPIDIO T
Address: 2447 QUAIL RUN BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: CAUSING, RAINIER V
Address: 2140 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP (X) Delete
Name: MIMBERGER, ELSA
Address: P.O. BOX 453696
City-St-Zip: KISSIMMEE, FL 34745 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GARAY, MARY ANGELIE A
Address: 3215 PARK BRANCH AVE
City-St-Zip: CLERMONT, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAINIER CAUSING

MGR

09/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date