

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009187

Entity Name: RICHKOTE, L.L.C.

FILED
Mar 01, 2006
Secretary of State

Current Principal Place of Business:

2850 S. OASIS DRIVE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

5810 NW 60TH TERRACE
PARKLAND, FL 33067

Current Mailing Address:

2850 S. OASIS DRIVE
BOYNTON BEACH, FL 33426

New Mailing Address:

5810 NW 60TH PLACE
PARKLAND, FL 33067

FEI Number: 37-1484685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANFORD, MICHAEL
2850 S. OASIS DRIVE
BOYNTON BEACH, FL 33426 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: MGR () Delete
Name: STANFORD, MICHAEL
Address: 2850 S. OASIS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: GOBERVILLE, TODD
Address: 5810 NW 60TH TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: MGRM () Change (X) Addition
Name: FITZGIWON, RICHARD
Address: 7651 NORTHTREE WAY
City-St-Zip: LAKE WORTH, FL 33467

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: MICHAEL STANFORD

MGR

03/01/2006

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