## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF STIDNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Feb 20, 2006 08:00 AM Secretary of State

DOCUI 1. Entity Nam RMT-LD,			Secretary of State
Principal Place of Business Mailing Address 6850 NINETEEN MILE ROAD 6850 NINETEEN MILE ROAD STERLING HEIGHTS, MI 48314 STERLING HEIGHTS, MI 48314			
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent			01312006 No Chg-LLC CR2E083 (11/05)  4. FEI Number NOT APPLICABLE   Not Applied For Not Applicable    5. Certificate of Status Desired   \$5.00 Additional Fee Required
MANCINI, DAVID A 2601 N.W. 48TH STREET DEERFIELD BEACH, FL 33073			DO NOT WRITE IN THIS SPACE
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 life if applicable. (NOTE: Registered Agent signature required when registerics)  Date			
Filing Fee is \$50.00 Due by May 1, 2006			U00000440993 03/03/06-80018-010 5 <b>0.00</b>
D.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS  MR.  MANCINI, EDWARD A MANAGER  6850 NINETEEN MILE ROAD  STERLING HEIGHTS, MI 48314  certify that the information supplied with this filling does not qualify for the e	xemplions contains	DO NOT WRITE IN THIS SPACE
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions 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 it 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.			

2/1/06

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