


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

02-02-2005 90151 009 ****50.00

DOCUMENT # L04000016389 1. Entity Name RAD COMPANY, LLC																																															
Principal Place of Business 4059 KITTY LEE RD. IOWA CITY IA 52240				Mailing Address 4059 KITTY LEE RD. IOWA CITY IA 52240																																											
2. Principal Place of Business Suite, Apt. #, etc. 4059 Kitty Lee Road City & State Iowa City Zip 52240		3. Mailing Address Suite, Apt. #, etc. 4059 Kitty Lee Road City & State Iowa City Iowa Zip 52240		4. FEI Number 1st MOORE																																											
Country Johnson		Country Johnson		Applied For <input checked="" type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				CR2E083 (10/04)																																											
6. Name and Address of Current Registered Agent WHITE, JOHN II, ESQ NASON, YEAGER, GERSON, ET AL 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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, 2005																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 33%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 33%;"> Managing Member Robert A. Davis 4059 Kitty Lee Road SW Iowa City IA 52240 </td> <td style="width: 33%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 33%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Robert A. Davis 4059 Kitty Lee Road SW Iowa City IA 52240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert A. Davis</u> 1-319-351-1-24-05 8750 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															