

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000019498**

**1. Entity Name**  
**RIAC PROPERTIES, LLC**



**Principal Place of Business**  
**11636 CHARIOT LANE**  
**JACKSONVILLE, FL 32223**

**Mailing Address**  
**P.O. BOX 57606**  
**JACKSONVILLE, FL 32241-7606**



03142006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BARKER, EARL M JR**  
**334 E. DUVAL STREET**  
**JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

1111000479326  
04/08/06-80044-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>CYWES, ROBERT</b>
<b>STREET ADDRESS</b>	<b>11636 CHARIOT LANE</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL 32223</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>WOLFE, IRENE L</b>
<b>STREET ADDRESS</b>	<b>11636 CHARIOT LANE</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL 32223</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing 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 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:** \_\_\_\_\_ **Robert Cywes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/21/06 (904) 3994004**  
Date Daytime Phone