

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033153

FILED
Mar 20, 2006
Secretary of State

Entity Name: RETIREMENT INCOME ASSURANCE, LLC

Current Principal Place of Business:

3599 W LAKE MARY BLVD
#1-B4
LAKE MARY, FL 32746 US

New Principal Place of Business:

479 RANDON TERRACE
LAKE MARY, FL 32746 US

Current Mailing Address:

3599 W LAKE MARY BLVD
#1-B4
LAKE MARY, FL 32746 US

New Mailing Address:

479 RANDON TERRACE
LAKE MARY, FL 32746 US

FEI Number: 56-2465650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKINS, MARK W
202 E SOUTH ST
#5046
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HARKINS, MARK W
479 RANDON TERRACE
LAKE MARY, FL 32746 US

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: MARK HARKINS

03/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARKINS, MARK W
Address: 202 E SOUTH STREET #5046
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARKINS, MARK W
Address: 479 RANDON TERRACE
City-St-Zip: LAKE MARY, FL 32746

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: MARK HARKINS

MR

03/20/2006

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