
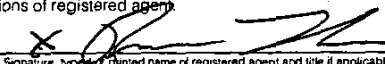



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90531 002 \*\*\*\*50.00

<b>DOCUMENT # L04000038739</b>					
<b>1. Entity Name</b> RICHIE T., LLC					
<b>Principal Place of Business</b> 915 N OCEAN DR., APT. 200 HOLLYWOOD, FL 33019			<b>Mailing Address</b> 915 N OCEAN DR., APT. 200 HOLLYWOOD, FL 33019		
<b>2. Principal Place of Business</b> 7548 SOUTH US # 1			<b>3. Mailing Address</b> SAME AS 2		
Suite, Apt. #, etc. BOX 115			Suite, Apt. #, etc.		
City & State Port St Lucie			City & State		
Zip 34952		Country USA		Zip	
				Country	
<b>6. Name and Address of Current Registered Agent</b> THOMPSON, RICHARD L 915 N OCEAN DR., APT. 200 HOLLYWOOD, FL 33019				<b>7. Name and Address of New Registered Agent</b> Name THOMPSON, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 7548 SOUTH US # 1 BOX 115 City Port St Lucie FL Zip Code 34952	
<b>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.</b> SIGNATURE:  DATE: 3/15/5 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, RICHARD L 915 N OCEAN DR., APT. 200 HOLLYWOOD, FL 33019			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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<b>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.</b>					
<b>SIGNATURE:</b> 				Date: 3/15/5	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	

20022955



03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1696817 Applied For Not Applicable

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