2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

Modificy Accesses 120	DOCUMENT # L0400060155 1. Entity Name RIANDA, LLC						04-29-2005 90057 004 ****50.00			
Applied For Superior Superi	Principal Plac	e of Business	Mailing Address		<u> </u>					
City & State	1205 N. COURTENAY PKWY					20051547				
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City & State	·		3. Mailing Address							
Zip			Suite, Apt. #, etc.			02062005	Chg-LLC	CR2E083 (10	/03)	
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NAME	Zip	Country	Zip	Coun	ntry	5. Certificate	e of Status Desired			ional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curre	ent Registered Agent			7. Name an	d Address of New R	legistered Agent		
Street Address (P.O. Box Number is Not Acceptable)	VINARLIB	DAVID			Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Symutar, hyand or printed name of registered agent and tile if applicable. MOTE Registered Agent agreature required when reinteduting)	1205 N CC	OURTENAY PKWY			Street Address	(P.O. Box Numb	per is Not Acceptable	3)		
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9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIILE	SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (N	OTE: Registere	d Agent signature require	d when reinstating)		DATE		
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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: SIGNATURE AND POPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #