

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083203

1. Entity Name
RETAIL IMPROVEMENTS, LLC



Principal Place of Business
**1021 OAK STREET
JACKSONVILLE, FL 32204**

Mailing Address
**1021 OAK STREET
JACKSONVILLE, FL 32204**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
32-0132085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHRITTON, J. KIRBY
1301 RIVERPLACE BOULEVARD STE 1500
JACKSONVILLE, FL 32207**

**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]
Signature, in ink, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PARHAM, WILLIAM H
STREET ADDRESS	1021 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	MGRM
NAME	WIELANSKY, LEE S
STREET ADDRESS	12647 OLIVE BOULEVARD, SUITE 580
CITY-ST-ZIP	ST. LOUIS, MO 63141
TITLE	MGRM
NAME	GULLIFORD, WILLIAM I
STREET ADDRESS	1021 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000526045
05/04/06-80058-008 \$0.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # *3/10/06*
(904) 385-6