2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-06-2005 90023 037 ****50.00

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1. Entity Name
RTWJR HOLDINGS, LLC

Principal Place of Business	Mailing Address
2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237	2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237

03302005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
240 S. OXFORD DRIVE		240 S. OXFORD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ENGLEWOOD FL		City & State: ENGLEWOOD FL	
Zip: 34223	Country: USA	Zip: 34223	Country: USA

4. FEI Number — Applied For / [X] Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HRIC, MICHAEL 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237	Name: RICHARD T. WILLIAMS, JR. Street Address (P.O. Box Number is Not Acceptable): 240 S. OXFORD DRIVE City: ENGLEWOOD. FL Zip Code: 34223

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] RICHARD T. WILLIAMS, JR. 4/4/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, RICHARD T JR 1815 HIBISCUS STREET SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[X] Change ☐ Addition 240 S. OXFORD DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] RICHARD T. WILLIAMS, JR. 4/4/05 (941) 484.7968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #