

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90130 016 ****50.00

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|--|--|--|---|
| DOCUMENT # L05000018860 1. Entity Name R-TRANSFORMATIONS, LLC | | | |
| Principal Place of Business 410 GEORGIA AVENUE FERNANDINA BEACH, FL 32034 | | Mailing Address 410 GEORGIA AVENUE FERNANDINA BEACH, FL 32034 | |
| 2. Principal Place of Business 961687 Gateway Blvd | | 3. Mailing Address 961687 Gateway Blvd | |
| Suite, Apt. #, etc. 101-L | | Suite, Apt. #, etc. 101-L | |
| City & State Amelia Island, FL | | City & State Amelia Island, FL | |
| Zip 32034 | | Zip 32034 | |
| Country USA | | Country USA | |
| 4. FEI Number 27-0118222 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RAVEN, YOLANDA RAY 410 GEORGIA AVENUE FERNANDINA BEACH, FL 32034 | | 7. Name and Address of New Registered Agent RAVEN, YOLANDA RAY 961687 Gateway Blvd. AMELIA ISLAND City FL Zip Code 32034 | |
| 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] YOLANDA RAY RAVEN 3/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM RAVEN, YOLANDA RAY 410 GEORGIA AVENUE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | 3/6/06 904.491.8883 <small>Date Daytime Phone #</small> | |

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