## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Aug 25, 2006 8:00 am Secretary of State **DOCUMENT # L05000040990** 08-25-2006 90050 023 \*\*\*\*50.00 1. Entity Name R.A.F. DEVELOPMENT, LLC Principal Place of Business Mailing Address CUUJURIU 763 32 AVE. NORTH P. O. BOX 21177 ST. PETERSBURG, FL. 33742 ST. PEETERSBURG, FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08182006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number 254256 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONROSE, NINA G ESQ Street Address (P.O. Box Number is Not Acceptable) **5200 CENTRAL AVE** ST. PETERSBURG, FL. 33707 City Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change ☐ Addition TITLE me Delete NAME STEVENSON, RANDALL J NAME STREET ADDRESS 763 32 AVE. NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33704 CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE PETERSON, FRANK C NAME NAME STREET ADDRESS 7810 JENNER AVE STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change :-NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ПВF ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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