


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90021 032 ****50.00

DOCUMENT # L05000046921	
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1. Entity Name

RIRAP, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 708 W. Fischer Circle Suite, Apt. #, etc.	3. Mailing Address 708 W. Fischer Circle Suite, Apt. #, etc.
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20038369

CR2E083B (8/05)

City & State Sebastian, FL	City & State Sebastian, FL	4. FEI Number 38-3721414	Applied For <input type="checkbox"/> Not Applicable
Zip 32958	Country USA	Zip 32958	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Robert A. Pellicone	
Street Address (P.O. Box Number is Not Acceptable) 708 W. Fischer Circle	
City Sebastian	FL Zip Code 32958

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.

Robert A. Pellicone

4.25.06

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert A. Pellicone - MGRM 708 W. Fischer Circle Sebastian, FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

Robert A. Pellicone

4.25.06 917) 974-0034

Date

Daytime Phone #