


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90048 009 ****50.00

DOCUMENT # L05000047567					
1. Entity Name RIE INVESTMENT GROUP, LLC					
Principal Place of Business 8200 W HIGHWAY 98 SUITE B PENSACOLA, FL 32506			Mailing Address 8200 W HIGHWAY 98 SUITE B PENSACOLA, FL 32506		
2. Principal Place of Business 4605 W. Jackson St.		3. Mailing Address 4605 W. Jackson St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State Pensacola, FL			
Zip 32506		Country USA		Zip 32506	
Country USA		Country USA			
4. FEI Number 20-2841688			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 MARTIN, PATRICK D III 6801 PENTON STREET PENSACOLA, FL 32506			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 MARTIN, PATRICK D III 6801 PENTON STREET PENSACOLA, FL 32506	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRIBBS, MICHAEL F 732 RIDGE ROAD PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYARS, JEFFREY S 1712 E HERNANDEZ STREET PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 				850-455-0444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Dayside Phone #	