

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054323

Entity Name: REDNECK RIVIERA LLC

FILED
Jul 16, 2006
Secretary of State

Current Principal Place of Business:

1688 PARKSIDE CIRCLE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

1688 PARKSIDE CIRCLE
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 20-3953084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GRAMM, SUZETTE K
1688 PARKSIDE CIRCLE
NICEVILLE, FL FL US

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.

SIGNATURE: SUZETTE K. GRAMM

07/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRAMM, BARRY E
Address: 1688 PARKSIDE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM () Delete
Name: GRAMM, SUZETTE K
Address: 1688 PARKSIDE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZETTE K. GRAMM

MGRM

07/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date