2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # L05000065510 1. Entity Name RICE INVESTMENTS LLC						Secretary of State 04-17-2006 90041 040 ****50.00			
Principal Place of Business 1420 COUNTRYRIDGE PLACE ORLANDO, FL 32835		Mailing Address 1420 COUNTRYRIDGE PLACE ORLANDO, FL 32835							
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address				04112006 Chg-LLC CR2E083 (11/05)			
		Suite, Apt. #, etc.		-					
City & State		City & State		4. FEI Numb	3e 11814 ea	⊢	Applied For Not Applicable		
Zip Country		Zìp	Country			of Status Desired	_ \$5.00 <i>i</i>	dditional	
	6. Name and Address of Current I	Registered Agent		1	7. Name and	Address of New	Registered Agent		
				Name					
	MUEL INTRYRIDGE PL D, FL 32835	Street Address ((P.O. Box Number is Not Acceptable)					
				City			FL Zip C	ode	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	ed office ar regis	tered agent, or bo	ith, in the State of F	Florida. I am familiar wi	h, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOI	TE: Registere	d Agent signature requi	red when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
9.	MANAGING MEMBER	L RS/MANAGERS	10.			ADDITION:	S/CHANGES		
TITLE	MGRM	Delete	THILE	F I		/IDDITION	☐ Chang	e 🔲 Addition	
NAME	RICE, SAMUEL	L Delete	NAMI				Criang	Addition	
STREET ADDRESS CITY-ST-ZIP	1420 COUNTRYRIDGE PLACE ORLANDO, FL 32835			ET ADDRESS					
	ONENIDO, LE SESSO			-ST-ZIP					
THLE	ONEAHDO, LE 02000	Delete		-ST-ZIP			Chang	e Addition	
TITLE NAME	ONE-NIDO, FE 02000	☐ Delete	CITY	-ST-ZIP			☐ Chang	e Addition	
	ONENTE SESSO	☐ Delete	CITY- TITLE NAMI	-ST-ZIP			☐ Chang	e Addition	
NAME	ONE STEED STEED	□ Delde	CITY- TITLE NAMI STRE	-\$T-ZIP E E			☐ Chang	e Addition	
NAME Street address	ONE SECOND	☐ Delete	CITY- TITLE NAMI STRE	-ST-ZIP E E E-ET ADORESS -S1-ZIP			☐ Chang		
NAME STREET ADDRESS CITY-ST-ZIP	ORDANDO, TE SESSO		CITY- TITLE NAMI STRE	-ST-ZIP E E E-ET ADORESS -S1-ZIP		Mary .			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORDANDO, TE SESSO		CITY TITLE NAMI STRE- CITY TITLE NAMI STRE	-ST-ZIP E E E E FT ADDRESS -S1-ZIP E E ET ADDRESS		· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ONDANDO, TE SESSO		CITY TITLE NAMI STRE- CITY TITLE NAMI STRE	-ST-ZIP E E E F-S1-ZIP E E					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE	ORDANDO, TE SESSO		CITY TITLE NAMI STRE- CITY TITLE NAMI STRE	-ST-ZIP E E E-FT ADDRESS -S1-ZIP E E ET ADDRESS -ST-ZIP				Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME	ORDANDO, TE SESSO	□ Delete	CITY- TITLE NAMI STRE- CITY- TITLE NAMI STRE- CITY- TITLE NAMI	-ST-ZIP E E E FT ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS	ORDANDO, TE SESSO	□ Delete	CITY- TITLE NAMI STRE- CITY- TITLE NAMI STRE- CITY- TITLE NAMI STRE- NAME STRE-	-ST-ZIP E E E ADDRESS -S1-ZIP E E ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME	ORDANDO, TE SESSO	☐ Delete	CITY- TITLE NAMI STRE- CITY- TITLE NAMI STRE- CITY- TITLE NAMI STRE- NAME STRE-	-ST-ZIP E E E FT ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORDANDO, TE SESSO	□ Delete	CITY- TITLE NAMI STRE CITY- TITLE TITL	-ST-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ORDANDO, TE SESSO	☐ Delete	CITY- TITLE NAMIN STRE- CITY- TITLE NAMIN STRE- CITY- TITLE NAMIN STRE- CITY- TITLE NAMIN STRE- CITY- TITLE NAMIN NAMIN NAMIN NAMIN NAMIN NAMIN NAMIN NAMIN	-ST-ZIP E E E ADDRESS -S1-ZIP E E ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	ORDANDO, TE SESSO	☐ Delete	CITY- TITLE NAMIN STRE- STRE- STRE- STRE- NAMIN STRE- STRE- STRE- STRE-	-ST-ZIP E E E ADDRESS -SI-ZIP E E ADDRESS -SI-ZIP E E ADDRESS -SI-ZIP E E ADDRESS -SI-ZIP E ET ADDRESS -SI-ZIP E ET ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORDANDO, TE SZOSO	☐ Delete ☐ Delete ☐ Delete	CITY- TITLE NAMI STRE- CITY-	-ST-ZIP E E E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP			☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORDANDO, TE SZOSO	☐ Delete	CITY- ITILE NAMIN STRE- CITY- TITLE	-ST-ZIP E E E ET ADORESS -S1-ZIP E E ET ADORESS -ST-ZIP			☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	ORDANDO, TE SZOSO	☐ Delete ☐ Delete ☐ Delete	CITY- IIILE NAMIN STRE- CITY- TITLE NAMIN STRE- CITY- IIILE NAME STRE- CITY- IIILE NAME STRE- CITY- IIILE NAME STRE- CITY- IIILE NAME STRE- CITY-	-ST-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS			☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TADDRESS CITY-ST-ZIP TITLE	ORDANDO, TE SZOSO	☐ Delete ☐ Delete ☐ Delete	CITY- TITLE NAMINATION STREE STREE NAMINATION STREE NAMINATION STREE NAMINATION STREE NAMINATION STREE	-ST-ZIP E E E ET ADORESS -S1-ZIP E E ET ADORESS -ST-ZIP			☐ Change	Addition Addition	

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 men limited liability company or the receiver or trustee empowered to execute this poor as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/12/6

321 287 0735

Daytime Phone #