

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072701

Entity Name: RA PROPERTIES, LLC

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

24422 TANGERINE AVE
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

C/O DAVID A. HOMES
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-3238748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
FARR, FARR, EMERICH, HACKETT AND CARR, P.A
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIGHI, ALBERTO M M.D.
Address: 24422 TANGERINE AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM () Delete
Name: RIGHI, LINDA S
Address: 24422 TANGERINE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM () Delete
Name: ESKER, BARRY A
Address: 897 PINEBAUGH STREET
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM () Delete
Name: ESKER, MARTHA B
Address: 897 PINEBAUGH STREET
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

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

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

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 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: ALGERTO M. RIGHI

MGRM

02/26/2009

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