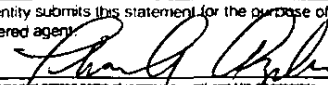
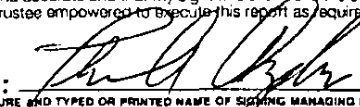


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

08-04-2006 90086 026 ****50.00

DOCUMENT # L05000075276 1. Entity Name RINGLING FINANCIAL SERVICES LLC					
Principal Place of Business 2831 RINGLING BLVD. SUITE 113D SARASOTA FL 34237			Mailing Address 2831 RINGLING BLVD. SUITE 113D SARASOTA FL 34237		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0847927	
5. Certificate of Status Desired ☐				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ANZELONE, THOMAS A 2831 RINGLING BLVD. SUITE 113D SARASOTA FL 34237				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  Signature, typed or printed name of registered agent and title is acceptable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 DATE 8/15/06 (NOTE: Registered Agent signature required when re-registering)					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANZELONE, THOMAS A 2831 RINGLING BLVD. SARASOTA FL 34237 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANZELONE, CALVIN J 3254 SUFFOLK LANE SARASOTA FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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 808, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8/1/06 Daytime Phone # 941-894-3067		