## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # L05000093222  1. Entity Name RICSHER ONE LLC							04-03-2000	-		
Principal Plac 5589 VINTA DELRAY BEA	GE OAKS TER	RACE	Mailing Address 5589 VINTAGE OAKS TERRACE DELRAY BEACH, FL 33484				Oh edidi enin een 4640 edi	A COLIF (BIOS (	NED HOED NOOD A	<b>ete</b> l (m. 18 <b>1</b> 1)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02132006	Chg-LLC	CR2E	83 (11/05)	
City & State			City & State			4. FEI Numi 20-	ber -3506413		<del> </del>	oplied For ot Applicable
Zip	Country		Zip Count		ntry	5. Certificate of Status Desired   \$5.00 Add Fee Require				
	6. Name	and Address of Current R	tegistered Agent		Name	7. Name an	nd Address of New R	legistered .	Agent	
LEVY, SHERYL S 5589 VINTAGE OAKS TERRACE DELRAY BEACH, FL 33484						s (P.O. Box Number is Not Acceptable)				
					City		-14	FL	Zip Cod	e
8. The above	named entity	submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or b	oth, in the State of Flo		familiar with,	and accept
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 if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$50.00 Due by May 1, 2006								e check p Departm	ayable to ent of Stat	8
9.	· · · · · · · · · · · · · · · · · · ·	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS /	CHANGES		
TITLE NAME	MGR LEVY SHE	RYI S	Delete TITLE						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	5589 VINT	AGE OAKS TERRACE BEACH, FL 33484		STRE	EET ADDRESS -ST-ZIP					
TITLÉ			☐ Deleta	III.	_ [				Change	Addition
NAME STREET ADDRESS					EET ADORESS					
CITY-ST-ZIP TITLE	☐ Deleta TITL				E				Change	☐ Addition
NAME STREET ADORESS				EET ADDRESS						
CITY-SI-ZIP		<del> </del>	☐ Delete	TITL	- ST-ZIP E				Change	Addition
NAME				NAM	l l					ļ
STREET ADDRESS CITY-ST-ZIP				CITY	ET ADDRESS -ST-ZIP			_		
TITLE NAME			☐ Delete	TITLI	l l				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITL	1				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP					
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: X 3/28/06 SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGING MEMBER, MANAGING OR AUTHORIZED REPRESENTATIVE DELO DELO DELO DELO DELO DELO DELO DEL										
	SIGNATURE A	nd typed or printed nájíe of	"Bigning Managing Member, Ma	NAGUR, DR	AUTHORIZED REPRES	SENTATIVE	URIO -	Þ	syume mone #	1