2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# L05000111700

Entity Name: RTG HOLDING LLC

Current Principal Place of Business:

4216 S. PENINSULA DRIVE
PORT ORANGE, FL 32137

New Principal Place of Business:

4216 S. PENINSULA DRIVE
PORT ORANGE, FL 32127

Current Mailing Address:

4216 S. PENINSULA DRIVE
PORT ORANGE, FL 32137

New Mailing Address:

4216 S. PENINSULA DRIVE
PORT ORANGE, FL 32127

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILMAN, RUSSELL JR.
4216 S. PENINSULA DRIVE
PORT ORANGE, FL 32137 US

Name and Address of New Registered Agent:

GILMAN, RUSSELL T JR.
4216 S. PENINSULA DRIVE
PORT ORANGE, FL 32127 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: RUSSELL T. GILMAN, JR. 01/26/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: GILMAN JR, RUSSELL T
Address: 4216 S. PENINSULA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM ( ) Change (X) Addition
Name: GILMAN, GAIL E
Address: 4216 S. PENINSULA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: RUSSELL T. GILMAN, JR. MGRM 01/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date