

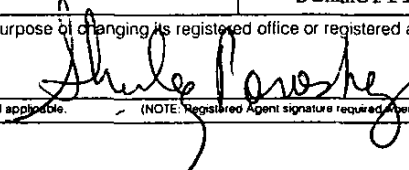
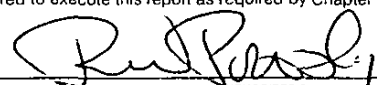


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90040 020 ****50.00

DOCUMENT # L06000052676					
1. Entity Name RICHLEY, LLC					
Principal Place of Business 12015 178TH STREET SE SUMMERFIELD, FL 34491 US			Mailing Address 12015 178TH STREET SE SUMMERFIELD, FL 34491 US		
2. Principal Place of Business - No P.O. Box # 17842 SE 120th Court		3. Mailing Address 17842 SE 120th Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Summerfield FL		City & State Summerfield FL			
Zip 34491	Country USA	Zip 34491	Country USA	4. FEI Number 56-2585677	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POROSKY, SHIRLEY I 17842 SE 120TH COURT SUMMERFIELD, FL 34491			7. Name and Address of New Registered Agent		
			Name Shirley Porosky		
			Street Address (P.O. Box Number is Not Acceptable) 17842 SE 120th Court		
			City Summerfield FL Zip Code 34491		
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 <u>Shirley Porosky</u>  <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POROSKY, RICHARD W 12015 178TH STREET SE SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richard Porosky 17842 SE 120th Court Summerfield, FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
SIGNATURE: <u>Richard W Porosky</u>  <u>4/23/07</u> <u>352 347-3502</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					