

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 009 ***138.75

DOCUMENT # L06000061026

1. Entity Name
 RETIREMENT INCOME PLANS, LLC



Principal Place of Business: 655 FOUNTAIN LANE, NAPLES, FL 34103
 Mailing Address: 655 FOUNTAIN LANE, NAPLES, FL 34103

50008642



2. Principal Place of Business - No P.O. Box #: 6621 WILLOW PARK DRIVE
 Suite, Apt. #, etc. #4

3. Mailing Address: SAME AS PLACE OF BUSINESS

07082008 Chg-LLC CR2E083 (12/06)

City & State: NAPLES, FL
 Zip: 34109 Country: USA

4. FEI Number: 20-5171118
 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOVATT, JEFF M ESQ
 CHEFFY, PASSISOMO, WILSON & JOHNSON, LLP
 821 FIFTH AVENUE SOUTH, SUITE 201
 NAPLES, FL 34102

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: DAUGHERTY, LYNN A STREET ADDRESS: 655 FOUNTAIN LANE CITY-ST-ZIP: NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 655 FOUNTAIN HEAD LANE CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lynn A Daugherty* Date: 7-14-08 Daytime Phone #: 239-430-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE