



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097517 1. Entity Name RMA HOLDINGS, LLC						<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">2007 MAY 18 P 2: 15</div> <div style="font-size: 0.8em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712				Mailing Address 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			03242007 Chg-LLC CR2E083 (12/06) 4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-3638779</div> <div style="font-size: 0.8em;">Applied For Not Applicable</div>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AYERS, VALERIE L 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="float: right; text-align: right;"> <div style="font-size: 1.2em; font-weight: bold;">FL</div> <div style="font-size: 0.8em;">Zip Code</div> </div>			
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 _____ <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	MANAGING MEMBER <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AYERS, VALERIE L LIMITED PARTNERSHIP			NAME	400103591524		
STREET ADDRESS	1900 SERPENTINE DR. SO.			STREET ADDRESS	05/31/07--01007--012 **1100.00		
CITY-ST-ZIP	ST. PETERSBURG, FL.			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-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: <i>Valerie L. Ayers</i> Valerie L. Ayers				Date: <i>4/28/07</i>		Daytime Phone #: <i>727 215-4205</i>	