2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097517

RMA HOLDINGS, LLC



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712

Mailing Address

1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712



DO NOT WRITE IN THIS SPACE

| 04142008 No Chg-LLC | CR2E083 (12/07) | |
|----------------------------------|-----------------|-----------------------------------|
| 4. FEI Number | | Applied For |
| 20-5638779 | | Not Applicable |
| 5. Certificate of Status Desired | | \$5.00 Additional Fee Required |

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

AYERS, VALERIE L 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712

the obligations of registered agent.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| SIGNATURE | Signature, typed or printed name of registered agent and title it applicable | (NOTE: Registered Agent signature required when reinstating) DATE |
|---|--|---|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TIILE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AYERS 1 LIMITED PARTNERSHIP 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712 | U00000937599 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | U5/27/08-80056-006 2026.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 11. I hereby of indicated limited fia | certify that the information supplied with this filing does not on this report is true and accurate and that my signature subility company or the receiver or trustee empowered to exe | qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida/Statutes. |

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

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