


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90064 027 *****50.00

DOCUMENT # L95000000740	
1. Entity Name RMA ASSOCIATES, L.C.	

Principal Place of Business POST OFFICE BOX 27970 PANAMA CITY BEACH, FL 32411	Mailing Address POST OFFICE BOX 27970 PANAMA CITY BEACH, FL 32411
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2. Principal Place of Business 2208 Ten Oaks Drive Suite, Apt. #, etc.	3. Mailing Address 2208 Ten Oaks Drive Suite, Apt. #, etc.
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01272004 Chg-LLC CR2E083 (10/03)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32312	Zip 32312
Country USA	Country USA

4. FEI Number 59-3366272	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SWEE, ARNOLD H 1520 TROUT LANE PANAMA CITY, FL 32411	
7. Name and Address of New Registered Agent Name Mark Swee Street Address (P.O. Box Number is Not Acceptable) 2208 Ten Oaks Drive City Tallahassee FL Zip Code 32312	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWEE, ARNOLD H 1520 TROUT LANE PANAMA CITY BEACH, FL 32411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Swee 2208 Ten Oaks Drive Tallahassee FL 32312 <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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

4-23-04 850-668-4071