


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L95000000740</b> 1. Entity Name RMA ASSOCIATES, L.C.	
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Principal Place of Business 2208 TEN OAKS DRIVE TALLAHASSEE, FL 32312	Mailing Address 2208 TEN OAKS DRIVE TALLAHASSEE, FL 32312
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**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3366272	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SWEE, MARK 2208 TEN OAKS DRIVE TALLAHASSEE, FL 32312
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**DO NOT WRITE  
IN THIS SPACE**

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 resigning) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SWEE, MARK 2208 TEN OAKS DRIVE TALLAHASSEE, FL 32312
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000000315114  
04/19/05-80022-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

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