

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		Secretary of State	
		DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>	
		<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000279	
RIPT ENTERPRISES, LLC 15836 N. DALE MABRY HWY TAMPA FL 33626		1a. Principal Place of Business Address 15836 N. DALE MABRY HWY TAMPA FL 33626	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
3. Date Organized or Qualified		3a. State of Formation	
02/20/1997		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3428452			
5. Date of Last Report		6. Certificate of Status Desired	
03/02/1998		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
GREENE, ROBERT F 1301 6TH AVENUE WEST SUITE 505 BRADENTON FL 34205		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
(Registered Agent Accepting Appointment) (FOL Registered Agent Signature Required)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PEAVY, TAMMY	11917 WANDSWORTH DRIVE	TAMPA FL
MGR	RAKATANSKY, IRA	POST OFFICE BOX 569	SUDBURY MA
600002871876-9 -05/11/99--01083--016 ****188.75 ****188.75 5-10-99			
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Tammy Peavy</i>		4.28.99 (813) 963-5581	
SIGNATURE AND TYPE OF POSITION OF SECRETARY OF STATE OR LIMITED LIABILITY COMPANY		Date of Filing	