2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90080 049 ****50.00

DOCUMENT # L98000001332

1. Entity Name

RICH TRIPS, L.L.C.

Principal Place of Business	Mailing Address
SUITE 16 635 SOUTH ORANGE AVENUE SARASOTA FL 34236	SUITE 16 635 SOUTH ORANGE AVENUE SARASOTA FL 34236

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
2055 Wood St	2055 Wood St
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Sarasota FL ~~34237~~	City & State Sarasota, FL
Zip 34237 Country USA	Zip 34237 Country USA

4. FEI Number 65-0900486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, ROBERT A
SUITE 16
635 SOUTH ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2055 Wood Street, Suite 202

City Sarasota **FL** Zip Code 34237

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 [signature] Robert A. Richardson Manager DATE 4/7/05

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, ROBERT A 635 SOUTH ORANGE AVENUE, SUITE 16 SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2055 Wood St, Suite 202 Sarasota FL 34237	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] Robert A Richardson Mgr 4/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #