
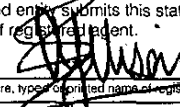
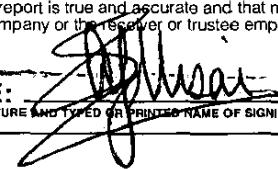


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90205 016 ****50.00

DOCUMENT # L99000007570 1. Entity Name R.A. HOLDINGS, LLC					
Principal Place of Business 218 MEDITERRANEAN ROAD PALM BEACH, FL 33480			Mailing Address 218 MEDITERRANEAN ROAD PALM BEACH, FL 33480		
2. Principal Place of Business 4419 N. BAY ROAD Suite, Apt. #, etc.		3. Mailing Address 4419 N. BAY ROAD Suite, Apt. #, etc.			
City & State MIAMI BEACH FL Zip 33140		City & State MIAMI BEACH, FL Zip 33140		4. FEI Number 65-0961077 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRKIN, MARK H 1700 PALM BEACH LAKES BLVD. #580 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name AMANDA ELLISON Street Address (P.O. Box Number is Not Acceptable) 4419 NORTH BAY ROAD City MIAMI BEACH FL Zip Code 33140	
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  AMANDA ELLISON DATE 1/9/04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLISON, RALPH M	NAME	4419 N. BAY ROAD		
STREET ADDRESS	218 MEDITERRANEAN ROAD	STREET ADDRESS	MIAMI BEACH, FL 33140		
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLISON, AMANDA J	NAME	4419 N. BAY ROAD		
STREET ADDRESS	218 MEDITERRANEAN ROAD	STREET ADDRESS	MIAMI BEACH, FL 33140		
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:  AMANDA J. ELLISON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1/9/04 (305) 674-1775 <small>Date Daytime Phone #</small>			