2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007598

1. Entity Name
RICHMOND SQUARE ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
3491-11 THOMASVILLE ROAD, SUITE 222 TALLAHASSEE, FL 32308	3491-11 THOMASVILLE ROAD, SUITE 222 TALLAHASSEE, FL 32308

04262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
249 JOHN KNOX ROAD			
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State	
Zip 32303	Country	Zip	Country

4. FEI Number 59-3625156 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'LEARY, PATRICK G
3491-11 THOMASVILLE ROAD, SUITE 222
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'LEARY, PATRICK G 3491-11 THOMASVILLE ROAD, SUITE 222 TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patrick G. O'Leary, Mgr. 4/20/06 850/386-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #