


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000009098
 1. Entity Name
 RETIREMENT COMPANIES OF AMERICA, L.L.C.



<i>Principal Place of Business</i>	<i>Mailing Address</i>
6465 N. QUAIL HOLLOW RD. SUITE 400 MEMPHIS, TN 38120	6465 N. QUAIL HOLLOW RD. SUITE 400 MEMPHIS, TN 38120

DO NOT WRITE IN THIS SPACE



04272005No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2519982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L
 500 S. FLORIDA AVE. #800
 LAKELAND, FL 33801

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRAMMELL, CHARLES S. 6465 N. QUAIL HOLLOW RD. #400 MEMPHIS, TN 38120
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 05/05/05-80143-014 50.00

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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: Charles Trammell Charles Trammell Apr. 27, 2005 901-794-2598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #