


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000009098</b>	
1. Entity Name RETIREMENT COMPANIES OF AMERICA, L.L.C.	

Principal Place of Business 6465 N. QUAIL HOLLOW RD. SUITE 400 MEMPHIS, TN 38120	Mailing Address 6465 N. QUAIL HOLLOW RD. SUITE 400 MEMPHIS, TN 38120
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04262006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2519982	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  CLARK, RONALD L 500 S. FLORIDA AVE. #800 LAKELAND, FL 33801
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**DO NOT WRITE  
IN THIS SPACE**

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**

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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05/17/06-80130-014 50.00

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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:** Charles Trammell, Jr. **Charles Trammell, Jr.** **Apr. 27, 2006** **901-794-2598**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #