2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000009098

1. Entity Name

RETIREMENT COMPANIES OF AMERICA, L.L.C.



Principal Place of Business

6465 N. QUAIL HOLLOW RD. SUITE 400

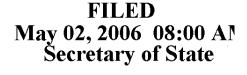
MEMPHIS, TN 38120

Mailing Address

6465 N. QUAIL HOLLOW RD.

SUITE 400

MEMPHIS, TN 38120





04262006 No Chg-LLC

CR2E083 (11/05)

I. FEI Number 58-2519982	ļ	Applied For
30-2319902		Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Dayterne Phone #

6. Name and Address of Current Registered Agent

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

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		}		
	named entity submits this statement for the purpose of cha- tions of registered agent	nging its registere	d office or registered agent, or both, in the S	state of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and title if applicable	(NOTE Registered	Agent signature required when reinstating	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			-
nile Name Sireet Address City-Si-Zip	MGR TRAMMELL, CHARLES S 6465 N. QUAIL HOLLOW RD. #400 MEMPHIS, TN 38120		or ii	100000559274 17/06-80130-014 50.00
RITLE NAME STREET ADORESS CITY ST-ZIP	,		.09/1	.(/06-80130-014 30.00
FILE VAME STREET APORESS CHY-ST-ZIP			DO NO	T WRITE
ntle Name Street address City+St+Zip			IN THIS	SPACE
itle Name Street address Sity-St-Zip				
ITLE IAME STREET ADDRESS CITY-ST-ZIP				

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 regulred by Chapter 608. Florida Statutes

SIGNATURE:

SIGNATURE:

Apr. 27, 2006. 901-794-2598

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE