2006 LIMITED LIABILITY COMPANY

Feb 27, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # M00000000255 1. Entity Name RILEY PLACE, LLC. Principal Place of Business Mailing Address 755 AVIGNON DR., BLDG 18 PO BOX 1260 RIDGELAND, MS 39157 RIDGELAND, MS 39158 01232006 No Chg-LLC GR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber 64-0920382 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE **ENTERED** 8. The above named entity submits this statement of pulp of the pu 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 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME CRESS, GARY B STREET ATTREESS P.O. BOX 1260 . : :. . . : CITY-ST-ZIP RIDGELAND, MS 39158 - บีบีบบัดเวิสส กริบริ MAME 03/08/05-80060-022 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CUTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-21P TITLE NAME 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 required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED