

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002897

FILED  
Jul 10, 2006  
Secretary of State

**Entity Name:** RITTER'S OF FLORIDA FRANCHISING, LLC

**Current Principal Place of Business:**

16136 CUTTERS CT.  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

15550 LAGUNA HILLS DRIVE  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

16136 CUTTERS CT.  
FORT MYERS, FL 33908 US

**New Mailing Address:**

15550 LAGUNA HILLS DRIVE  
FORT MYERS, FL 33908 US

FEI Number: 35-2144421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STEHLE, GARY E  
16136 CUTTERS CT.  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

STEHLE, GARY E  
15550 LAGUNA HILLS DRIVE  
FORT MYERS, FL 33908 US

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.

SIGNATURE:

07/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEHLE, GARY E  
Address: 16136 CUTTERS CT.  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEHLE, GARY E  
Address: 15550 LAGUNA HILLS DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY E STEHLE

MR.

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date