


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000004957**

1. Entity Name  
**RILEY, L.L.C.**



Principal Place of Business      Mailing Address

**81 RED BRIDGE ROAD**      **81 RED BRIDGE ROAD**  
**NORTH GROSVENORDALE, CT 06255**      **NORTH GROSVENORDALE, CT 06255**

**DO NOT WRITE IN THIS SPACE**



07102006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**06-1545830**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS**  
**236 EAST 6TH AVENUE**  
**TALLAHASSEE, FL 32303**

**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 \_\_\_\_\_      U00000570980  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      07/18/06-80018-019 50.00  
DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2006**

U00000570980  
 07/18/06-80018-020 5.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	O'CONNELL, KEVIN P
STREET ADDRESS	81 RED BRIDGE ROAD
CITY-ST-ZIP	NORTH GROSVENORDALE, CT 06255
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Kevin P. O'Connell*      **Kevin P. O'Connell**      7/10/06      (860)9230256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #