

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006367

FILED
Jul 20, 2006
Secretary of State

Entity Name: RA MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

550 PORT O CALL WAY
PORT O CALL MARINA
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

550 PORT O CALL WAY
PORT O CALL MARINA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 84-1639260 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:

Name and Address of New Registered Agent:

PORT O CALL MARINA LLC
550 PORT O CALL WAY
PORT O CALL MARINA
NAPLES, FL 34102 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRIMALDI, ANTHONY M
Address: P.O.BOX 322
City-St-Zip: SOUTHAMPTON, NY 119690322

Title: MGR () Delete
Name: GRIMALDI, THERESA
Address: P.O.BOX 322
City-St-Zip: SOUTHAMPTON, NY 119690322

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY M. GRIMALDI

MANA

07/20/2006

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