


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**


04-07-2008 90238 035 \*\*\*138.75

DOCUMENT # L03000045487 1. Entity Name RETAIL INVESTMENT SPECIALISTS, LLC	
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Principal Place of Business 6700 CONROY-WINDERMERE RD, STE. 230 ORLANDO, FL 32835	Mailing Address 6700 CONROY-WINDERMERE RD, STE. 230 ORLANDO, FL 32835
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**DO NOT WRITE IN THIS SPACE**

60020716



03252008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 43-2034719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARRON, ALAN C  
 6700 CONROY-WINDERMERE RD, STE. 230  
 ORLANDO, FL 32835

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

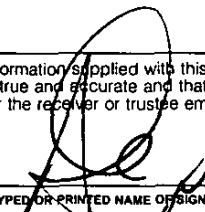
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARRON, ALAN C 6700 CONRAY RD STE 230 ORLANDO, FL 32885
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4/2/08 DAYTIME PHONE #: (407) 291-9000

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