

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009517

Entity Name: RLG, LLC

FILED
May 09, 2005
Secretary of State

Current Principal Place of Business:

78 W. CHURCH STREET
SUITE 130
ORLANDO, FL 32801 US

New Principal Place of Business:

127 WEST CHURCH STEET
SUITE 350
ORLANDO, FL 32801 US

Current Mailing Address:

78 W. CHURCH STREET
SUITE 130
ORLANDO, FL 32801 US

New Mailing Address:

127 WEST CHURCH STEET
SUITE 350
ORLANDO, FL 32801 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

PEARLMAN, LOUIS J
78 W. CHURCH STREET
SUITE 130
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

PEARLMAN, LOUIS J
127 WEST CHURCH STREET
SUITE 350
ORLANDO, FL 32801 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: /LOUIS J. PEARLMAN/

05/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PEARLMAN, LOUIS J
Address: 78 W. CHURCH STREET
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEARLMAN, LOUIS J
Address: 127 WEST CHURCH STREET
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: /LOUIS J. PEARLMAN/

MGR

05/09/2005

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