


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90145 026 \*\*\*\*50.00

|  |                                      |                     |   |  |                 |          |  |
|--|--------------------------------------|---------------------|---|--|-----------------|----------|--|
| DOCUMENT # L05000031440  |                                      |                     |   |                         |                 |          |  |
| 1. Entity Name<br>RHODES PROPERTIES, LLC   |                                      |                     |   |  |                 |          |  |
| Principal Place of Business<br>24373 PIRATE HARBOR BLVD.<br>PUNTA GORDA FL 33951<br>US   |                                      |                     | Mailing Address<br>P.O. BOX 512150<br>PUNTA GORDA FL 33951<br>US  |  |                 |          |  |
| 2. Principal Place of Business   |                                      | 3. Mailing Address  |   | 1st MOORE CR2E083 (10/05)  |                 |          |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |   | 4. FEI Number <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |                 |          |  |
| City & State   |                                      | City & State        |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                 |                 |          |  |
| Zip  | Country                              | Zip                 | Country   |  |                 |          |  |
| 6. Name and Address of Current Registered Agent  |                                      |                     | 7. Name and Address of Now Registered Agent   |  |                 |          |  |
| RHODES, STEVEN J<br>24373 PIRATE HARBOR BLVD.<br>PUNTA GORDA FL 33951  |                                      |                     | Name  |  |                 |          |  |
|  |                                      |                     | Street Address (P.O. Box Number is Not Acceptable)  |  |                 |          |  |
|  |                                      |                     | City  |  | FL              | Zip Code |  |
|  |                                      |                     | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |                                      |                     |   |  |                 |          |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>   |                                      |                     |   |  |                 |          |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES   |  |                 |          |  |
| TITLE  | MGRM <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                 |          |  |
| NAME   | RHODES, STEVEN J                     | NAME                |   |  |                 |          |  |
| STREET ADDRESS   | P.O. BOX 512150                      | STREET ADDRESS      |   |  |                 |          |  |
| CITY-ST-ZIP  | PUNTA GORDA FL 33951                 | CITY-ST-ZIP         |   |  |                 |          |  |
| TITLE  | MGRM <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                 |          |  |
| NAME   | RHODES, ALICIA M                     | NAME                |   |  |                 |          |  |
| STREET ADDRESS   | P.O. BOX 512150                      | STREET ADDRESS      |   |  |                 |          |  |
| CITY-ST-ZIP  | PUNTA GORDA FL 33951                 | CITY-ST-ZIP         |   |  |                 |          |  |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                 |          |  |
| NAME   |                                      | NAME                |   |  |                 |          |  |
| STREET ADDRESS   |                                      | STREET ADDRESS      |   |  |                 |          |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |   |  |                 |          |  |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                 |          |  |
| NAME   |                                      | NAME                |   |  |                 |          |  |
| STREET ADDRESS   |                                      | STREET ADDRESS      |   |  |                 |          |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |   |  |                 |          |  |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                 |          |  |
| NAME   |                                      | NAME                |   |  |                 |          |  |
| STREET ADDRESS   |                                      | STREET ADDRESS      |   |  |                 |          |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |   |  |                 |          |  |
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| NAME   |                                      | NAME                |   |  |                 |          |  |
| STREET ADDRESS   |                                      | STREET ADDRESS      |   |  |                 |          |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |   |  |                 |          |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Steven J Rhodes</i>  |                                      |                     | 2-2-06 9415052195   |  |                 |          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |                     | Date  |  | Daytime Phone # |          |  |



ATTACHMENT

3001711

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

RHODES PROPERTIES, LLC  
P.O. BOX 512150  
PUNTA GORDA, FL 33951 US

Subject: RHODES PROPERTIES, LLC

Reference Number: L05000031440

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms  
ANNUAL REPORTS SECTION

*Not applicable  
no pay roll  
Have checked appropriate box*