

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90022 030 \*\*\*138.75



DOCUMENT # L05000031440  
 1. Entity Name  
 RHODES PROPERTIES, LLC

Principal Place of Business, Mailing Address  
 24401 YACHT CLUB BLVD P.O. BOX 512150  
 PUNTA GORDA, FL 33955 US PUNTA GORDA, FL 33951 US



01072008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  
 RHODES, STEVEN J  
~~24373 PIRATE HARBOR BLVD~~ *Please Change to:*  
 PUNTA GORDA, FL ~~33951~~ *24401 Yacht Club Blvd*  
*33955*

**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 *Steven J Rhodes* DATE *1-9-08*

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

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RHODES, STEVEN J<br>P.O. BOX 512150<br>PUNTA GORDA, FL 33951 <i>-2150</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RHODES, ALICIA M<br>P.O. BOX 512150<br>PUNTA GORDA, FL 33951 <i>-2150</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* DATE *1-9-08* DAYTIME PHONE # *941 505 2195*