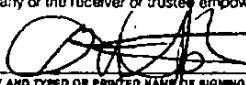


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 23, 2005 8:00 am
Secretary of State

04-18-2005 90081 013 ****50.00

DOCUMENT # L01000009319 1. Entity Name RT INVESTMENT GROUP, LLC					
Principal Place of Business 215 NORTH EOLA DRIVE ORLANDO, FL 32801			Mailing Address PO BOX 2809 ORLANDO, FL 32802-2809		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3733297	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOCTOR, JAMES J 215 N EOLA DR ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENSON, GARRETT C 215 NORTH EOLA DRIVE ORLANDO, FL 32801	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENSON, STEPHANIE R 215 NORTH EOLA DRIVE ORLANDO, FL 32801	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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 3-9-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Offtime Phone # (208) 830-7555	

30007093



01282005 Chg-LLC CR2E083 (10/03)

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