

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020351

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** ROLO TECHNOLOGIES L.L.C.

**Current Principal Place of Business:**

5375 NERISSA LANE  
ORLANDO, FL 32822

**New Principal Place of Business:**

2601 ALCOTT DRIVE  
LAKE WALES, FL 33898

**Current Mailing Address:**

5375 NERISSA LANE  
ORLANDO, FL 32822

**New Mailing Address:**

2601 ALCOTT DRIVE  
LAKE WALES, FL 33898

**FEI Number:** 59-3753971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELBER, LOIS J  
5375 NERISSA LANE  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

FELBER, LOIS J  
2601 ALCOTT DRIVE  
LAKE WALES, FL 33898 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: LOIS J. FELBER

04/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FELBER, LOIS  
Address: 2601 ALCOTT DR  
City-St-Zip: LAKE WALES, FL 33898

Title: MGR ( ) Delete  
Name: FELBER, ROGER  
Address: 2601 ALCOTT DR  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LOIS J. FELBER

MRS

04/18/2007

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