

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024102 1. Entity Name RPM INVESTMENTS, LLC	
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Principal Place of Business 5747 SUGARWOOD COURT JUPITER, FL 33458	Mailing Address 5747 SUGARWOOD COURT JUPITER, FL 33458
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01222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4211298	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KUSHNER, STEVEN P ESQ 1375 JACKSON STREET FORT MYERS, FL 33901

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RISLEY, ROB PO BOX 413 FORT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLANIS, ROB 240 SAND KEY ESTATES DR., #28 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRISON, RUSSELL 5747 SUGARWOOD CT. JUPITER, FL 33458
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02/02/06-80040-009 50.00

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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 609, Florida Statutes.

SIGNATURE:  **1-20-06** **561-252-1220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #