


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L03000000105 |  |
| 1. Entity Name RDS VENTURES, LLC | |

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|---|---|
| Principal Place of Business 7221 HENDRY CREEK DRIVE FORT MYERS, FL 33908 | Mailing Address 7221 HENDRY CREEK DRIVE FORT MYERS, FL 33908 |
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01042008 No Chg-LLC

CR2E083 (12/07)

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|---|---|
| 4. FEI Number 03-0500443 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent SANFORD, RONALD 7221 HENDRY CREEK DR FORT MYERS, FL 33908 |
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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** _____

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SANFORD, RON 7221 HENDRY CREEK DRIVE FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SANFORD, DEBRA 7221 HENDRY CREEK DRIVE FORT MYERS, FL 33908 |
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01/08/08-80021-005 143.75

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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: Debra Sanford Debra Sanford CEO **1-5-08** 239-340-9802
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #