

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000015792**

1. Entity Name  
RGI PROMOTIONS, L.L.C.



Principal Place of Business

974 EXPLORER COVE STE. 112  
ALTAMONTE SPRINGS, FL 32701

Mailing Address

974 EXPLORER COVE STE. 112  
ALTAMONTE SPRINGS, FL 32701



04202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0828305

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

8. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE STE. 4  
WINTER PARK, FL 32789

**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 reconstituting)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

|                |                             |
|----------------|-----------------------------|
| TITLE          | MGR                         |
| NAME           | ROSSI, ANTHONY W            |
| STREET ADDRESS | 974 EXPLORER COVE STE. 112  |
| CITY-STATE-ZIP | ALTAMONTE SPRINGS, FL 32701 |

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|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-STATE-ZIP |  |

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| CITY-STATE-ZIP |  |

UN0000830141  
04/25/05-80147-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 4-22-05