## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 08, 2005 8:00 am Secretary of State

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DOCUMENT # L03000027197  1. Entity Name RODAR DISTRIBUTION CO, LLC					02-08-2005 90079 018 ****50.00					
Principal Place	e of Business	Mailing Address								
2601 EAST 2ND AVENUE 2601 EAST 2ND AVENUE										
TAMPA, FL 33605 TAMPA, FL 33605										
						<b>                                    </b>				
2. Principal Pi	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212005	Chg-LLC	CB2E08	3 (10/03)			
					<del> </del>					
City & State		City & State			4. FEI Number			<u> </u>	plied For	
					26-0067	419			Applicable	
Zip	Country	Zip	Country	:	5. Certificate of	of Status Desired		5.00 Addi		
	5 31	D8-4			- Nome and	A data and Alam B		ee Required	,	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent						
CEBA II.C			142110							
CFRA, LLC   CORPORATE CENTER THREE AT INT'L PLAZA			Street A	Street Address (P.O. Box Number is Not Acceptable)						
4221 W. BOY SCOUT BLVD, 10TH FLOOR										
	L 33607-5736							•		
}			City					Zip Code	1	
						<u>FL</u>	Zip oods			
	named entity submits this statement for	r the purpose of changing its re	gistered office or	register	ed agent, or bott	n, in the State of FI	lorida. I am fa	miliar with,	and accept	
the obligat	ions of registered agent.									
SIGNATURE .						····				
<u> </u>	Signature, typed or printed name of registered agent	and the if applicable. (NOTE: F	Registered Agent signat	ure required	when reinstating)		DATE	Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Control Nation State	
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Filing Fee is \$50.00 Due by May`1, 2005						Mal	ke check pa la Departme	yable to	مشهدر د پلاه آه دي. هندي د ده ده د	
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I nereby 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 a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/05 813870-03/0