

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036318

FILED
Feb 04, 2007
Secretary of State

Entity Name: RGM, LLC

Current Principal Place of Business:

20698 COUNTRY BARN DRIVE
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

940 E 900 NORTH
BATTLE GROUND, IN 47920

New Mailing Address:

FEI Number: 20-0295873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, RICHARD M
20698 COUNTRY BARN DRIVE
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRAMER, RICHARD M
Address: 940 E 900 NORTH
City-St-Zip: BATTLE GROUND, IN 47920

Title: MGRM () Delete
Name: KRAMER, MARK ALLEN
Address: 181 DUNAWAY DRIVE
City-St-Zip: ALBANY, GA 31721

Title: MGRM () Delete
Name: OSTBY, GAYLE A
Address: RR 3 SUMMERHILL BOX 337
City-St-Zip: WASHINGTON, IN 47501

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KRAMER, MARK ALLEN
Address: 306 WIRE GRASS WAY
City-St-Zip: ALBANY, GA 31721

Title: MGRM (X) Change () Addition
Name: OSTBY, GAYLE A
Address: 640 PIANKESHAW TRAIL
City-St-Zip: WASHINGTON, IN 47501

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: RICHARD KRAMER

PTR

02/04/2007

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