2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000040375

1. Entity Name ROI, LLC

FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

2667 ENTERPRISE ROAD ORANGE CITY, FL 32763

Mailing Address

2667 ENTERPRISE ROAD ORANGE CITY, FL 32763



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2430042

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIERNACKI, RAYMOND A JR. 2667 ENTERPRISE ROAD ORANGE CITY, FL 32763

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, 2007 U00000724400 05/02/07-80110-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIERNACKI, RAYMOND A JR. 2667 ENTERPRISE ROAD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPORE, STEPHEN S 2669 ENTERPRISE ROAD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
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 of the receiver or trustee employered to execute the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

E AND TYPED OF PRINTED NAME OF

OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

4-19-07

386-775-1970

Davume Phone