


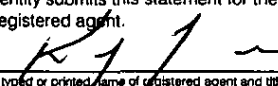
# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L03000045097</b>	
1. Entity Name <b>RODGERS AND YOUNG INVESTMENTS, L.L.C.</b>	

Principal Place of Business <b>6305 WESTWOOD BLVD. ORLANDO, FL 32821</b>	Mailing Address <b>PO BOX 616840 ORLANDO, FL 32861</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country


6. Name and Address of Current Registered Agent	
<b>RODGERS, KENNETH 6305 WESTWOOD BLVD. ORLANDO, FL 32821</b>	

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 	DATE <b>8-8-05</b>

<b>Amended AR is \$50.00</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YOUNG, MATTHEW 6305 WESTWOOD BLVD. ORLANDO, FL 32821</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RODGERS, KENNETH 6305 WESTWOOD BLVD. ORLANDO, FL 32821</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

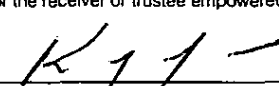
**FILED** *WR 08/29/05*  
**05 AUG 22 AM 9:52**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



08082005	Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>90-0119736</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE: <b>8-8-05</b> DAYTIME PHONE: <b>407-248-2030</b>