

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90109 017 \*\*\*\*50.00

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<b>DOCUMENT # L04000026559</b> 1. Entity Name <b>RHODIUM LLC</b>			
Principal Place of Business <b>2206 S. CYPRESS BEND DR., #204</b> <b>POMPANO BEACH, FL 32069</b>		Mailing Address <b>2206 S. CYPRESS BEND DR., #204</b> <b>POMPANO BEACH, FL 32069</b>	
2. Principal Place of Business <b>2206 S Cypress Bend Dr</b> Suite, Apt. #, etc. <b># 204</b>		3. Mailing Address <b>2206 S Cypress Bend Dr</b> Suite, Apt. #, etc. <b># 204</b>	
City & State <b>Pompano Beach FL</b> Zip <b>33069</b> Country <b>USA</b>		City & State <b>Pompano Beach FL</b> Zip <b>33069</b> Country <b>USA</b>	
4. FEI Number <b>34-1990374</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>April Hunter</b> Street Address (P.O. Box Number is Not Acceptable) <b>2206 S Cypress Bend Dr #204</b> City <b>Pompano Beach FL</b> Zip Code <b>33069</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 <u><i>April Hunter</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>7/13/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CARBILLANO, MARK A</b> <b>3212 NORTHEAST 10TH STREET, SUITE 4</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Carbillano, Mark A</b> <b>2206 S. Cypress Bend Dr #204</b> <b>Pompano Beach FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HUNTER, APRIL</b> <b>2206 S. CYPRESS BEND DR., #204</b> <b>POMPANO BEACH, FL 32069</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Hunter, April</b> <b>2206 S. Cypress Bend Dr #204</b> <b>Pompano Beach FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 <u><i>Mark A Carbillano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>7/13/05</u> DAYTIME PHONE # <u>(203) 464-2860</u>	