2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # L0400026559 1. Entity Name RHODIUM LLC					04-16-200	7 90338 046 **	·**50.00		
Principal Place of Business 2206 S. CYPRESS BEND DR., #204 POMPANO BEACH, FL 32069 Mailing Address 2206 S. CYPRESS BEND DR. POMPANO BEACH, FL 32069						Shui Bolla papa bija bija	LI WILLIA IMONANA		
2. Principal Place of Business - No P.O. Box # 3. Mailing Addre		ess Glen Hollow Dr							
Suite, Apt. #, etc.				04132007	Chg-LLC	CR2E083 (1	12/06)		
Clearwater FL	City & State Clearwater	FL	<u></u> .	4. FEI Number Applied For 34-1990374 Not Applicable					
Zip Country 33761 US 6. Name and Address of Current F	^{Zip} 33761	Country	<u>U</u> S 5.		e of Status Desire	Fee F	00 Addition Required	nai	
HUNTER, APRIL 2206 S. CYPRESS BEND DRIVE	Name Street	7. Name and Address of New Registered Agent Name Hunter, April Street Address (P.O. Box Number is Not Acceptable)							
204 POMPANO BEACH, FL 33069			2872 Gien Hollow Dr						
City Cle 2					ev	FL Z	Cip Code 3	3761	
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						lake check payab rida Department c			
9. MANAGING MEMBER	RS/MANAGERS	10.			ADDITIO	NS/CHANGES			
ITILE MGR NAME CARBILLANO, MARK A			CARE	MGR ARBILLAND, MARK A					
STREET ADDRESS 2206 S. CYPRESS BEND DRIVE # 204 CITY-SI-ZIP POMPANO BEACH, FL 33069				a CILE ARWATE	N HOLL DR FL	33741		ļ	
IITLE ST NAME HUNTER APRIL	ST Delete TIIL HUNTER, APRIL NAM				_1		Change [Addition	
l i	RESS 2206 S. CYPRESS BEND DRIVE # 204 s			TUNTER, ADRIL 1872 GLEN HOLLOW DR CLEARWATER FL 33761					
TITLE NAME	☐ Delete TITI						Change [Addition	
SIREEI ADDRESS CITY-ST-ZIP		STREET ADDRES	s					ļ	
TITLE	☐ Delete	TITLE NAME					Change [Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRES	s						
TITLE NAME	☐ Delete	TITLE NAME		·—·-			Change [Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRES	s						
TITLE NAME	☐ Delete	TITLE					Change [Addition	
STREET ADDRESS CITY-S1-ZIP		STREET ADDRES	s						
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 eath; 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:	F SIGNING MANAGING MEMBER MA	NAGER, OR AUTHORI	ZED REPRESI	ENTATIVE	4/13/07	(754) <u>(</u> Daytune	55) - 74 Phone #	<u>50</u>	