
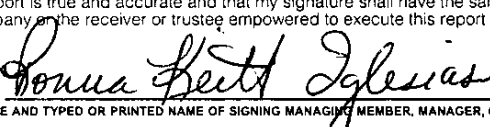


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 A.M.**  
**Secretary of State**

|  |                        |         |  |   |          |
|--|------------------------|---------|--|---|----------|
| DOCUMENT # L04000026661  |                        |         |  |  |          |
| 1. Entity Name<br><b>ROIG RESOURCES, LLC</b>   |                        |         |  |   |          |
| Principal Place of Business<br><b>4561 CARRARA COURT<br/>JACKSONVILLE, FL 32224</b>  |                        |         | Mailing Address<br><b>4561 CARRARA COURT<br/>JACKSONVILLE, FL 32224</b>  |   |          |
| 2. Principal Place of Business - No P.O. Box #   |                        |         | 3. Mailing Address   |   |          |
| Suite, Apt. #, etc.  |                        |         | Suite, Apt. #, etc.  |   |          |
| City & State   |                        |         | City & State   |   |          |
| Zip  |                        | Country |  | Zip   |          |
|  |                        |         |  | Country   |          |
| 4. FEI Number<br><b>42-1625781</b>   |                        |         |  | Applied For<br><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  |                        |         | 7. Name and Address of New Registered Agent  |   |          |
| <b>WATSON, TODD ESQ.</b><br><b>7785 BAYMEADOWS WAY, SUITE 107</b><br><b>JACKSONVILLE, FL 32256</b>   |                        |         | Name   |   |          |
|  |                        |         | Street Address (P.O. Box Number is Not Acceptable)   |   |          |
|  |                        |         | City   |   |          |
|  |                        |         | <b>FL</b>  |   | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                        |         |  |   |          |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |                        |         | <br><b>Make check payable to<br/>Florida Department of State</b> |   |          |
| 9. MANAGING MEMBERS/MANAGERS   |                        |         |  | 10. ADDITIONS/CHANGES   |          |
| TITLE  | MGRM                   |         | <input type="checkbox"/> Delete  |   |          |
| NAME   | KEITT-IGLESIAS, RONNA  |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| STREET ADDRESS   | 4561 CARRARA COURT     |         | <b>200125350172</b>  |   |          |
| CITY - ST - ZIP  | JACKSONVILLE, FL 32224 |         | <b>04/24/08--01001--010 **416.25</b>   |   |          |
| TITLE  |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME   |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| STREET ADDRESS   |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| CITY - ST - ZIP  |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| TITLE  |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME   |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| STREET ADDRESS   |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| CITY - ST - ZIP  |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| TITLE  |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME   |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| STREET ADDRESS   |                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                        |         |  |   |          |
| SIGNATURE:    |                        |         | Date: <b>4-23-08</b>   |   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                        |         | Daytime Phone #  |   |          |