2008 LIMITED LIABILITY COMPANY

Feb 04, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000055850** 1. Entity Name 02-04-2008 90132 015 ***138.75 **RGO LIMITED LLC** Mailing Address Principal Place of Business 2525 SW CAIN STREET 2525 SW CAIN STREET PORT ST.LUCIE, FL 34953 PORT ST.LUCIE, FL 34953 01272008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1426229 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ORLANDI, RONALD G DO NOT WRITE 2525 SW CAIN STREET PORT ST.LUCIE, FL 34953 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agont signature required when reinstitting) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ORLANDI, RONALD G NAME 2525 SW CAIN STREET STREET ADDRESS CITY-ST-ZIP PORT ST.LUCIE, FL 34953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

FILED