


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90022 031 ****50.00

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DOCUMENT # L04000061148					
1. Entity Name RBS INVESTMENTS, LLC					
Principal Place of Business 1731 CLEARWATER-LARGO ROAD CLEARWATER, FL 33756			Mailing Address 1731 CLEARWATER-LARGO ROAD CLEARWATER, FL 33756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 20-1700254	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODGERS, BENJAMIN O 1731 CLEARWATER-LARGO ROAD CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODGERS, BENJAMIN O		NAME		
STREET ADDRESS	1731 CLEARWATER-LARGO ROAD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, WILLIF C		NAME	RODGERS, WILLIAM C.	
STREET ADDRESS	1855 EZELLE AVENUE NW		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Ben Rodgers</i>			BEN RODGERS		4/21/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small> 727-584-1144