2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMENT # L0400065209 1. Entity Name RHODINE ROAD LLC							04-10-2008	90132 0	18 ***138	8.75	
Principal Place of Business 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619 Mailing Address PO BOX 5299 TAMPA, FL 33675							6002178			IEEI 1911 1881	
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182008	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State		4. FEI Numbe 20-156			-	plied For at Applicable			
Zip	Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered .	Agent		
REED, JAMES M					Name Street Address	et Address (P.O. Box Number is Not Acceptable)					
5115 JOANNE KEARNEY BLVD TAMPA, FL 33619							·				
					City			FL	Zip Code	e	
	named entit		the purpose of changing its	register	! ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent (and title if applicable. (NOT	E: Registere	d Agent signature requir	ed when reinstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State					
								-	*	9	
				10.				a Departm	ent of State		
After May	y 1, 2008	Fee will be \$538.75 MANAGING MEMBE		TITL			Florida	a Departm	ent of State	■ Addition	
After May 9. TITLE NAME	MGRM HARRIS,	Fee will be \$538.75 MANAGING MEMBE TRACY J JR	RS/MANAGERS	TITLI	IE		Florida	a Departm	ent of State		
9. ITTLE NAME STREET ADDRESS	MGRM HARRIS, 5115 JOA	Fee will be \$538.75 MANAGING MEMBE TRACY J JR INNE KEARNEY BLVD	RS/MANAGERS	TITLI NAM STRE			Florida	a Departm	ent of State		
After May 9. ITILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, 5115 JOA TAMPA, F	Fee will be \$538.75 MANAGING MEMBE TRACY J JR INNE KEARNEY BLVD	RS/MANAGERS Delete	TITLI NAM STRB CITY	ie Eet aooress '-st-zip		Florida	a Departm	Change	Addition	
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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:

SIGNATURE AND PEPO OR PRINTED NAME OF SIGNING MANAGING MEMB

4/1/08

(813) 435-7777

Daytime Phone #