1. Entity Name

NAME

STREET ADDRESS

CITY-ST-ZIP

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L04000066936**

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90128 010 ****50.00

RMG INV	ESTMENTS, LLC					
Principal Place of Business 1807 CORAL CIRCLE FORT MYERS, FL 33903		Mailing Address 1807 CORAL CIRCLE FORT MYERS, FL 33903		20053541		
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292005 Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number CO. INACTIVE		plied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New R	egistered Agent	
- "			Name	1 1000 1000		
6. Name and Address of Curro CORPORATION SERVICE COMPAN' 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Street Addres	s (P.O. Box Number is Not Acceptable	3)		
IALLAHA	55EE, FL 32301-2323					
			City		FL Zip Code)
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nod little if applicable (NOTE	: Registered Agent signature requi	and whose exicutations	DATE	
Filing Fee Is \$50.00 Due by May 1, 2005			***************************************	Mak	e check payable to a Department of State	,
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS,	CHANGES	
TITLE NAME	MGRM GUENZEL, RUDOLF F	☐ Delete	TITLE NAME		☐ Change	Addition
STREET ADDRESS	1807 CORAL CIRCLE					
CITY-ST-ZIP	FORT MATERIAL COMMON		STREET ADDRESS			
	FORT MYERS, FL 33903		STREET ADDRESS CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	CITY-ST-ZIP TITLE		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP		☐ Change	☐ Addition
NAME	MGRM GUENZEL, MARGUERITE F	□ Delete	CITY-ST-ZIP TITLE NAME		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUENZEL, MARGUERITE F 1807 CORAL CIRCLE	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GUENZEL, MARGUERITE F 1807 CORAL CIRCLE		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: BARBARA H. CARPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
DOIS