

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071460

Entity Name: RKH INVESTMENTS, LLC

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

950 SOUTH WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

950 SOUTH WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-1696765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, DEBORAH D
950 SOUTH WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAGEN, DEBORAH D
Address: 950 SOUTH WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: HAGEN, TERRY D
Address: 950 SOUTH WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAGEN, DEBORAH D
Address: 950 SOUTH WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR (X) Change () Addition
Name: HAGEN, TERRY D
Address: 950 SOUTH WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBORAH D. HAGEN

MGR

01/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date