


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90241 005 \*\*\*\*50.00

<b>DOCUMENT # L04000081809</b>	
1. Entity Name <b>RODRIGUEZ INVESTMENTS, LLC</b>	

Principal Place of Business <b>838 N.W. GREENWICH COURT PORT ST LUCIE, FL 34983</b>	Mailing Address <b>838 N.W. GREENWICH COURT PORT ST LUCIE, FL 34983</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>GRANT, DOROTHY L</b>	
<b>353 OSBORNE DRIVE</b>	
<b>PALM SPRINGS, FL 33461</b>	

7. Name and Address of New Registered Agent	
Name <b>PAXMAN, JOHN T</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1832 N Dixie Hwy</b>	
City <b>Lake Worth</b>	FL Zip Code <b>33460</b>

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 **3-15-05**

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RODRIGUEZ, RUDY C 838 N.W. GREENWICH COURT PORT ST LUCIE, FL 34983</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE: Rudy Rodriguez** **3-15-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #