


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000091773</b> 1. Entity Name RODEM INVESTMENTS, L.L.C.	
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Principal Place of Business 4601 122ND DRIVE NORTH WEST PALM BEACH, FL 33411	Mailing Address 4601 122ND DRIVE NORTH WEST PALM BEACH, FL 33411
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 33-1110539	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

KENNEY, TIMOTHY H  
120 BUTLER STREET, SUITE B  
WEST PALM BEACH, FL 33407

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000880238  
04/15/08-80055-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, RODNEY J 4601 122ND DRIVE NORTH WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, EMILIE P 4601 122ND DRIVE NORTH WEST PALM BEACH, FL 33411
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Emilie P. Wilson, MGR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE  
EMILIE P. WILSON

1/23/08 (561) 385-8533  
Date Daytime Phone #