2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000005820

1. Entity Name

RANDOLPH EQUITY MANAGEMENT, LLC



FILED
Jan 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

979 BEACHLAND BOULEVARD VERO BEACH, FL 32963 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2339170

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRK, WILLIAM N ESQ 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U90000799894 01/30/08-80088-005 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GR SLADE, TIMOTHY T 2755 WHIPPOORWILL LN VERO BEACH, FL 32960		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· .	
TITLE			•

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #