

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009942

Entity Name: ROI HOLDINGS, LLC

FILED  
Jan 07, 2006  
Secretary of State

**Current Principal Place of Business:**

9369 SHERIDAN STREET, #715  
COOPER CITY, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

9369 SHERIDAN STREET, #715  
COOPER CITY, FL 33024 US

**New Mailing Address:**

FEI Number: 20-3959624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OGANDO ASSOCIATES, INC.  
1802 N. UNIVERSITY DR. #188  
PLANTATION, FL 33322 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: MGR ( ) Delete  
Name: WILLIAMS, ANDRE  
Address: 9369 SHERIDAN STREET, #715  
City-St-Zip: COOPER CITY, FL 33024 US

Title: MGR ( ) Delete  
Name: WILLIAMS, RODOLINE  
Address: 9369 SHERIDAN STREET, #715  
City-St-Zip: COOPER CITY, FL 33024

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILLIAMS, ANDRE G  
Address: 9369 SHERIDAN STREET, #715  
City-St-Zip: COOPER CITY, FL 33024 US

Title: MGR (X) Change ( ) Addition  
Name: WILLIAMS, RODELENE L  
Address: 9369 SHERIDAN STREET, #715  
City-St-Zip: COOPER CITY, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDRE G WILLIAMS

MGR

01/07/2006

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