2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 28, 2006 8:00 am
Secretary of State
02-22-2006 90111 042 ****50.00

DOCUMENT # L05000037538

1. Entity Name

RODNEY RUPERT, L.L.C.

Principal Place of Business	Mailing Address
P.O. BOX 77 ISLAND GROVE FL 32654-0077	P.O. BOX 77 ISLAND GROVE FL 32654-0077

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-2171961 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRAN, ROBERT C 19314 C.R. 325 CROSS CREEK FL 32740	Name: FERRAN, ROBERT C. Street Address (P.O. Box Number is Not Acceptable): 1906 NW 24th Street City: Gainesville FL Zip: 32605

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] 2-11-06

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERRAN, ROBERT C	NAME	
STREET ADDRESS	P.O. BOX 77	STREET ADDRESS	1906 NW 24th Street
CITY-ST-ZIP	ISLAND GROVE FL 32654-0077	CITY-ST-ZIP	Gainesville, FL 32605
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2-11-06 352-804-1478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #