


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90232 010 ***138.75

DOCUMENT # L05000046077	
1. Entity Name RGH INVESTMENTS, LLC	

Principal Place of Business 2901 VILLA ROSA PARK TAMPA, FL 33611	Mailing Address 2901 VILLA ROSA PARK TAMPA, FL 33611
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2. Principal Place of Business - No P.O. Box # 2924 W. Lawn Ave	3. Mailing Address 2924 W. Lawn Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State Tampa, FL
Zip 33611	Country U.S.A.

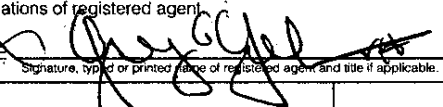
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03252008 Chg-LLC CR2E083 (12/06)


6. Name and Address of Current Registered Agent BARNETT, LESLIE J 601 BAYSHORE BOULEVARD, SUITE 700 TAMPA, FL 33606	
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7. Name and Address of New Registered Agent Name: Eric C. Gill Street Address (P.O. Box Number is Not Acceptable) 2924 W. Lawn Ave City: Tampa FL Zip Code: 33611	
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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: 3/28/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOGAN, RHONDA G 2901 VILLA ROSA PARK TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Hogan, Rhonda G. 2924 W. Lawn Ave Tampa, FL 33611 <input checked="" 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
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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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

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: 	DATE: 3/28/08 (813) 331-6565