

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000058042

1. Entity Name
RODSTER, LLC



**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90326 035 ***138.75

Principal Place of Business
280 W. CANTON AVE., SUITE 410
WINTER PARK, FL 32789

Mailing Address

280 W. CANTON AVE., SUITE 410
WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
APPLIED FOR 20-3033181 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

FORSTER, GARY A
280 W. CANTON AVE., SUITE 410
WINTER PARK, FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME FORSTER, LORNA E
STREET ADDRESS 280 W. CANTON AVE., SUITE 410
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGRM Change Addition
NAME Funfster Holdings, LLC
STREET ADDRESS 280 W. CANTON AVE., STE 410
CITY-ST-ZIP Winter Park, FL 32789

TITLE MGRM Delete
NAME FORSTER, GARY A
STREET ADDRESS 280 W. CANTON AVENUE, SUITE 410
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGRM Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
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TITLE MGRM Change Addition
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CITY-ST-ZIP

TITLE MGRM Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the penalties 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:

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

4/11/08

407-647-7645

Date

Daytime Phone #