

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063868

Entity Name: ROI INVESTMENTS, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

365 N.E. 69TH CIRCLE
BOCA RATON, FL 33487

New Principal Place of Business:

3596 S. OCEAN BLVD.
106
HIGHLAND BEACH, FL 33487

Current Mailing Address:

365 N.E. 69TH CIRCLE
BOCA RATON, FL 33487

New Mailing Address:

3596 S. OCEAN BLVD.
106
HIGHLAND BEACH, FL 33487

FEI Number: 20-3117071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, CAROL
206 LAKESIDE CIRCLE
FORT LAUDERDALE, FL 33331 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: MGRM () Delete
Name: ALEXANDER, PETER M
Address: 365 N.E. 69TH CIRCLE
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: ALEXANDER, CAROL
Address: 365 N.E. 69TH CIRCLE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALEXANDER, PETER M
Address: 3596 S. OCEAN BLVD., #106
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGRM (X) Change () Addition
Name: ALEXANDER, CAROL
Address: 3596 S. OCEAN BLVD., #106
City-St-Zip: HIGHLAND BEACH, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: PETER ALEXANDER

MGRM

01/07/2008

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