## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000102835**

1. Entity Name

RINKE & ROTHFEDER CONSULTING CO., LLC



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561 Mailing Address

TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3640801		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

## 6. Name and Address of Current Registered Agent

BEGGS & LANE, A REGISTERED LLP 501 COMMENDENCIA STREET PENSACOLA EL 32502

## DO NOT WRITE IN THIS SPACE

PENSACC	DLA, FL 32502	IN THIS SPACE	IN THIS SPACE		
	named entity submits this statement for the purpose of chaions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	ept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signalure required when ranstating)  DATE			
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINKE, ROBERT L TEN PORTFOLIO DR PENSACOLA BEACH, FL 32561				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTHFEDER, ANDREW 10 PORTOFINO DR PENSACOLA BEACH, FL 32561	U00000918226 05/13/08-80074-010 138.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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:

STREET ADDRESS CITY+ST-ZIP

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

4/23/08

89-916-5050

Daytime Phone #