


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-07-2008 90233 040 \*\*\*138.75

DOCUMENT # L06000005199			
1. Entity Name RODRIGUEZ INVESTMENT MANAGEMENT, LLC			
Principal Place of Business 2718 CASEY KEY ROAD NOKOMIS, FL 34275		Mailing Address PO BOX 579 OSPREY, FL 34229	
2. Principal Place of Business - No P.O. Box # <i>2111 S. Tamiami Trail</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Osprey, FL</i>		City & State <i>Same</i>	
Zip <i>34229</i>		Country	
Country <i>Florida</i>		Country	
6. Name and Address of Current Registered Agent  PERKINS, KRISTEEN 254 MIAMI AVE W VENICE, FL 34285		7. Name and Address of New Registered Agent Name: <i>Eric Robinson</i> Street Address (P.O. Box Number is Not Acceptable): <i>133 South Harbor Dr.</i> City: <i>Venice</i> FL Zip Code: <i>34229</i>	
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: <i>[Signature]</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HENRY	NAME	
STREET ADDRESS	PO BOX 579	STREET ADDRESS	
CITY-ST-ZIP	OSPREY, FL 34229	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>[Signature]</i>		Date: <i>4/2/08</i> Daytime Phone #: <i>941-966-4333</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
<i>HENRY RODRIGUEZ</i>			