


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 # 2111 S. Samiami Trail		3. Mailing Address Same	
Suite, Apt. #, etc. Osprey, FL		Suite, Apt. #, etc. Same	
City & State Osprey, FL		City & State Same	
Zip 34229		Zip 34229	
Country Parasota		Country Same	
4. FEI Number 16-1746741		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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 Eric Robinson Street Address (P.O. Box Number is Not Acceptable) 133 South Harbor Dr. City Venice FL Zip Code 34229	
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] DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, HENRY PO BOX 579 OSPREY, FL 34229	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: [Signature] <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)</small>		Date 4/2/08 Daytime Phone # 941-966-4333	

HENRY RODRIGUEZ