2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000005569

Entity Name: RELATIVE INVESTMENTS LLC

Current Principal Place of Business:

8007 ACADIA ESTATES COURT
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

7835 SKIING WAY
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-4582900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROVER, SUSAN K
7835 SKIING WAY
WINTER GARDEN, FL 34787 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:	MGR	( ) Delete
Name:	TROVER, SUSAN K	
Address:	7835 SKIING WAY	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	MGRM	( ) Delete
Name:	TROVER, PHILIP I	
Address:	7835 SKIING WAY	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	MGMR	( ) Delete
Name:	STEDMAN, RONALD J	
Address:	#3 MANNHEIM CIRCLE	
City-St-Zip:	MILLSTADT, IL 62260	
Title:	MGRM	( ) Delete
Name:	STEDMAN, SHARON K	
Address:	#3 MANNHEIM CIRCLE	
City-St-Zip:	MILLSTADT, IL 62260	
Title:	MGRM	( ) Delete
Name:	STEDMAN, RANDY J	
Address:	#3 MANNHEIM CIRCLE	
City-St-Zip:	MILLSTADT, IL 62260	
Title:	MGRM	( ) Delete
Name:	STEDMAN, KELLY	
Address:	#3 MANNHEIM CIRCLE	
City-St-Zip:	MILLSTADT, IL 62260	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: SUSAN K TROVER PRES 04/15/2009

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