

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034188

Entity Name: ROI, LLC

FILED
Jul 12, 2007
Secretary of State

Current Principal Place of Business:

10924 SUBTLE TRAIL
RIVERVIEW, FL 33569

New Principal Place of Business:

P.O BOX 153191
TAMPA, FL 33684

Current Mailing Address:

P.O BOX 153191
TAMPA, FL 33684

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REYES, EDWARD
10924 SUBTLE TRAIL
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

REYES OPTIONS CORP.
P.O BOX 153191
TAMPA, FL 33684 US

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: EDWARD REYES

07/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REYES, EDWARD
Address: 10924 SUBTLE TRAIL DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: MGR () Delete
Name: REYES, MARIA
Address: 10924 SUBTLE TRAIL DR.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REYES, EDWARD
Address: P.O BOX 153191
City-St-Zip: TAMPA, FL 33684

Title: MGR (X) Change () Addition
Name: REYES, MARIA
Address: P.O BOX 153191
City-St-Zip: TAMPA, FL 33684

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: EDWARD REYES

PR

07/12/2007

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