

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90367 013 \*\*\*\*50.00

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04162007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000037219</b> 1. Entity Name <b>ROLLING MEADOWS INVESTMENTS, LLC</b>					
Principal Place of Business <b>255 NORTH LAKE AVENUE</b> <b>LAKE BUTLER, FL 32054 US</b>			Mailing Address <b>PO BOX 238</b> <b>LAKE BUTLER, FL 32054 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-4666976</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ROBERTS, AVERY C</b> <b>255 NORTH LAKE AVENUE</b> <b>LAKE BUTLER, FL 32054</b>	
7. Name and Address of New Registered Agent Name <b>Avery C. Roberts</b> Street Address (P.O. Box Number is Not Acceptable) <b>12469 West State Road 100</b> City <b>Lake Butler</b> <b>FL</b> Zip Code <b>32054</b>					
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 <b>Avery C. Roberts</b> <b>4/17/07</b> <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <b>Avery C. Roberts</b>			<b>4/17/07</b> <b>386-496-3509</b> <small>Date      Daytime Phone #</small>		