2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048041

Address:

City-St-Zip:

Entity Name: ROD CONSTRUCTION & SITE DEVELOPMENT LLC

FILED May 31, 2007 Secretary of State

| Current Principal Place of Business: | | New Prince | New Principal Place of Business: | |
|--|--|---|---|--|
| 2839 PAMPAS CT KISSIMMEE, FL 34746 | | 9500 SATE 180 | ELLITE BLVD | |
| | | | O, FL 32837 | |
| Current Mailing Address: | | New Maili | New Mailing Address: | |
| 2839 PAMPAS CT KISSIMMEE, FL 34746 | | | ELLITE BLVD | |
| | | 180 ORLANDO | O, FL 32837 | |
| | : 20-4851174 FEI Number Applied For () | FEI Number Not App | | |
| In accordance with s. 607.193(2)(b), F.S., the limited liability company did Name and Address of Current Registered Agent: | | • • | ne prior notice. d Address of New Registered Agent: | |
| RM BUSINESS SOLUTIONS INC. PO BOX 121392 CLERMONT, FL 34711 US | | | NESS SOLUTIONS INC. ELLITE BLVD | |
| | | | O, FL 32837 US | |
| | named entity submits this statement for the of Florida. | he purpose of changing | its registered office or registered agent, or both, | |
| SIGNATURE: | | | 05/31/2007 | |
| | Electronic Signature of Registered | Agent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/ | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | MGR () Delete HENRIQUEZ, WILLIAM 2839 PAMPAS CT KISSIMMEE, FL 34736 MGR () Delete FERNANDEZ, OLIVER D PO BOX 26 CAMBRIDGE, MA 02139 | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | MGR (X) Change () Addition HENRIQUEZ, WILLIAM 3130 TWISTED OAK LOOP KISSIMMEE, FL 34744 MGR (X) Change () Addition ANGELA GETHERS, TRUS, TEE PO BOX 26 CAMBRIDGE, MA 02139 | |
| Title: Name: Address: City-St-Zip: Title: | MGR () Delete MC LEAN, BURKE 8445 CROW TRIAL KISSIMMEE, FL 34747 | Title: Name: Address: City-St-Zip: | () Change () Addition MGR () Change (X) Addition | |
| Name: | (, = ==== | Name: | RIVERA, EDWIN | |

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.

Address:

City-St-Zip:

614 EAST GRAND HWY CLERMONT, FL 347112433

SIGNATURE: EDWIN RIVERA MGR 05/31/2007