

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000068644

1. Entity Name

ROTHSCHILD INVESTMENTS, LLC



Principal Place of Business

2614 TAMiami TRAIL NORTH, STE. 615
NAPLES, FL 34103

Mailing Address

2614 TAMiami TRAIL NORTH, STE. 615
NAPLES, FL 34103

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5134752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

R & A AGENTS, INC.
% PAUL K. HAUERMAN
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 34103

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000955020

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

07/15/08-80007-016 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHUCART, JAMES
STREET ADDRESS	2614 TAMiami TRAIL NORTH, STE. 615
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	MGR
NAME	SHUCART, CHRISTOPHER
STREET ADDRESS	2614 TAMiami TRAIL NORTH, STE. 615
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: *C. S. T. Manager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #