## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 03, 2008 8:00 am Secretary of State

DOCUMENT # L06000084535  1. Entity Name RTD I, LLC					04-03-2008 90070 011 ***138.75				
Principal Plac	e of Business	Maiting Address					٠.	. ,	
215 NORTH EOLA DRIVE		215 NORTH EOLA DRIVE			•				
ORLANDO, FL 32801		ORLANDO, FL 32801		60019269					
									IRTI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008	Chg-LLC	CR2E083 (12/	06)		
City & State		City & State		4. FEI Numbe 20-5445			Applied Not App		
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Fee Re	Additiona quired	ı
	6. Name and Address of Current I	Registered Agent	-		7. Name and	Address of New F	Registered Agent		
OWANE A	AATTUEW D		Nar	me					
O'KANE, MATTHEW R 215 NORTH EOLA DRIVE ORLANDO, FL 32801			Stre	Street Address (P.O. Box Number is Not Acceptable)					
ONE INDO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					•			
. 78			City	City FL Zip Code					
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offi	ice or register	red agent, or both	n, in the State of Fl	orida. I am familiar	with, and a	ccept
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent a	. 1.61. 27							_
	agrana, types at protest and a registered against	nd title if applicable. (NO)	E: Registered Agent	signature required	d when reinstating)	٠.	DATE	٠.٠	_
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		E: Registered Agent	signature required	d when reinstating)		ke check payable a Department of		
FILE After May	NOW!!! FEE IS \$138,75		E: Registered Agent	signature required	when reinstating)	. Florid	ke check payable a Department of		
After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75			signature required	when reinstating)		ke check payable a Department of	State	Addition
9. TITLE NAME	MANAGING MEMBE  MGR CASSCELLS-HAMBY, MARGAR	RS/MANAGERS	10.	signature required	when reinstating)	. Florid	ke check payable a Department of /CHANGES	State	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CASSCELLS-HAMBY, MARGAR 907 OLD ENGLAND AVENUE	RS/MANAGERS	10. Title Name Street addi	RESS	when reinstating)	. Florid	ke check payable a Department of /CHANGES	State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE  MGR CASSCELLS-HAMBY, MARGAR	RS/MANAGERS  Delete  ET S	10. TITLE NAME STREET ADDO CITY-SI-ZIP	RESS	when reinstating)	. Florid	ke check payable a Department of /CHANGES	State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR CASSCELLS-HAMBY, MARGAR 907 OLD ENGLAND AVENUE	RS/MANAGERS	10. TITLE NAME STREET ADDO CITY-ST-ZIP	RESS	when reinstating)	. Florid	ke check payable a Department of /CHANGES	State	Addition
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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: MANUSCARCET D. CASSE 115 - HTM BY 1 08 407 - 628 - 864 9 3