

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091304

FILED
Apr 27, 2007
Secretary of State

Entity Name: RODRIGUEZ PROPERTIES INVESTMENTS,LLC.

Current Principal Place of Business:

536 LAKEVIEW DRIVE
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

536 LAKEVIEW DRIVE
KISSIMMEE, FL 34759

New Mailing Address:

FEI Number: 20-5564176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFAEL, RODRIGUEZ M
536 LAKEVIEW DRIVE
KISSIMMEE, FL 34759 US

Name and Address of New Registered Agent:

RAFAEL, RODRIGUEZ M P
536 LAKEVIEW DRIVE
KISSIMMEE, FL 34759 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: RAFAEL M. RODRIGUEZ

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, RAFAEL M
Address: 536 LAKEVIEW DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: MGRM () Delete
Name: RODRIGUEZ, JAVIER
Address: 416 DANUBE DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: MGRM (X) Delete
Name: RODRIGUEZ, PEDRO J
Address: 1803 DON WAY
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAFAEL M. RODRIGUEZ

P

04/27/2007

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