



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90040 024 ****55.00

DOCUMENT # L06000107346					
1. Entity Name RODBLU INVESTMENT FUND I, LLC					
Principal Place of Business 7700 N. KENDALL DRIVE, SUITE 601 MIAMI, FL 33156			Mailing Address 7700 N. KENDALL DRIVE, SUITE 601 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box # 2601 So BAYSHORE DR		3. Mailing Address 2601 S BAYSHORE DR			
Suite, Apt. #, etc. 1475		Suite, Apt. #, etc. 1475			
City & State COCONUT GROVE, FL		City & State COCONUT GROVE, FL			
Zip 33133		Country USA		4. FEI Number 20-8009219	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WHITE, K. TAYLOR 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER/PRES <input type="checkbox"/> Delete CARLOS J. RODRIGUEZ #601 7700 NO KENDALL DR MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 So BAYSHORE DR, #1475 COCONUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER/VP <input type="checkbox"/> Delete STEVE BLUMENTHAL #601 7700 NO KENDALL DR MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 So BAYSHORE DR #1475 COCONUT GROVE, FL 33133	
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	
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	
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	
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	
9. 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: _____			<div style="display: flex; justify-content: space-between;"> 4/19/07 305-500-9998 </div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					