


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90268 018 \*\*\*277.50

**DOCUMENT # L07000015037**

1. Entity Name  
**RDM GROUP, LLC**



Principal Place of Business  
**110 CANDACE DRIVE, SUITE 108  
 MAITLAND, FL 32751**

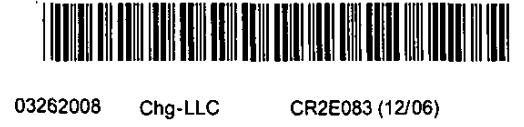
Mailing Address  
**110 CANDACE DRIVE, SUITE 108  
 MAITLAND, FL 32751**

**60018309**

2. Principal Place of Business - No P.O. Box #  
**1111 N. Kentucky Ave**

3. Mailing Address  
**1111 N. Kentucky Ave**

Suite, Apt. #, etc.



City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

4. FEI Number  
**20-8470654**

Applied For  
 Not Applicable

Zip  
**32789**

Country  
**USA**

Zip  
**32789**

Country  
**USA**

6. Name and Address of Current Registered Agent

**LILLARD, RICHARD F  
 110 CANDACE DRIVE, SUITE 108  
 MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1111 N. Kentucky Ave**

City  
**Winter Park**

FL Zip Code  
**32789**

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: *Richard F Lillard* **3/27/2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LILLARD, RICHARD F 110 CANDACE DRIVE, SUITE 108 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1007 Ayrshire Street Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, MICHAEL E 110 CANDACE DRIVE, SUITE 108 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 182 Kentucky Blue Circle Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROST, JOHN D 110 CANDACE DRIVE, SUITE 108 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 144 Overoaks Place Sanford, FL 32771
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

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: *Richard F Lillard* **3/27/2008** **407-831-1110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #