


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

03-10-2008 90338 005 ***138.75

DOCUMENT # L07000043064			
1. Entity Name RHEMA, LLC			
Principal Place of Business 7136 EMERSON RD BROOKSVILLE, FL 34601		Mailing Address PO BOX 635 BROOKSVILLE, FL 34605	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-3244762		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ST. JOSEPH DEVELOPMENTS LLC 26 S. BROOKSVILLE AVE BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name: MONTEEN B. Vitola Street Address (P.O. Box Number is Not Acceptable) 7136 EMERSON RD 34601 City: Brooksville FL 34601	
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: MONTEEN Vitola DATE: 2/14/08 (NOTE: Registered Agent Signature required when relinquishing)			
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 VITOLA, RALPH 7136 EMERSON RD BROOKSVILLE, FL 34801 <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	MGRM VITOLA, MONTEEN 7136 EMERSON RD BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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: [Signature] DATE: 2/14/08 650-5735 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

00005404



01042008 Chg-LLC CR2E083 (12/06)

ATTACHMENT
30009404

CERTIFIED MAIL

June 11, 2008

Florida Department of State
Div. Of Corporations
P O Box 6478
Tallahassee FL 32314

RE: L07000043064

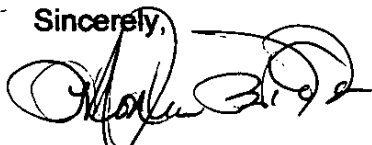
To Whom it may Concern:

Enclosed is a copy of my copy of the 2008 LLC Annual Report. A copy of this document was mailed to your office on April 14, 2008.

I received notice from the former Registered Agent that they were served with documents last week. Therefore, I believe you never received the Annual Report. I am enclosing a copy of that report along with the letter sent from your office by Certified Mail to insure these documents reach your office.

Thank you for your assistance in this matter.

Sincerely,



Monteen B. Vitola
RHEMA, LLC