## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000084461

Address:

City-St-Zip:

Entity Name: RODA INVESTMENTS, LLC

FILED Jan 18, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4181 SOUTHPORT DRIVE EAST, SUITE 400 4181 SOUTHPOINT DRIVE EAST, SUITE 400 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 4181 SOUTHPORT DRIVE EAST, SUITE 400 1167 NOCHAWAY DRIVE JACKSONVILLE, FL 32216 ST AUGUSTINE, FL 32092 FEI Number: 39-2061970 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HICKS, JIMMIE P 12530 ROCK ROSE LANE JACKSONVILLE, FL 32225 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete OTTONE, DANIELLA Name: Name: 1167 NOCHAWAY DRIVE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DUNBAR, ROBERT Name: Address: 8030 LOCH LOMOND LANE Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: () Delete Title: MGR ( ) Change (X) Addition DORIS, COZZANI Name: Name: Address: Address: 1120 CREEKS RIDGE LANE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: MGR ( ) Change (X) Addition Name: Name: LEONARD, ROBINSON III

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.

Address:

City-St-Zip:

5101 PLAYPEN DRIVE 3

JACKSONVILLE, FL 32210

SIGNATURE: DANIELLA OTTONE MGR 01/18/2008