

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90027 016 ***138.75

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DOCUMENT # L07000092869 1. Entity Name RISING INVESTMENTS ENTERPRISES, LLC			
Principal Place of Business 8000 BAYMEADOWS CIR EAST 81 JACKSONVILLE, FL 32256		Mailing Address 8000 BAYMEADOWS CIR EAST 81 JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box # 7816 Southside Blvd. Suite, Apt. #, etc. # 171		3. Mailing Address 7816 Southside Blvd. Suite, Apt. #, etc. # 171	
City & State Jacksonville, FL Zip 32256		City & State Jacksonville, FL Zip 32256	
Country USA		Country USA	
4. FEI Number 26-0895010		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		07142008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent JACKSON, MAURICE S - 8000 BAYMEADOWS CIR EAST 81 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name <u>Maurice S. Jackson</u> Street Address (P.O. Box Number is Not Acceptable) <u>7816 Southside Blvd. # 171</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32256</u>	
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 <u>Maurice S. Jackson</u> <u>Maurice S. Jackson</u> <u>8-15-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, MAURICE S 8000 BAYMEADOWS CIR EAST 81 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Maurice S. Jackson 7816 Southside Blvd. # 171 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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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: <u>Maurice S. Jackson</u> <u>Maurice S. Jackson</u> <u>8-15-08</u> <u>205-499-6014</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			