2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L07000107695

Entity Name: ROJO DIABLO LLC

Current Principal Place of Business:

204 CENTURY 21 DRIVE
SUITE A
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

204 CENTURY 21 DRIVE
SUITE A
JACKSONVILLE, FL 32216 US

New Mailing Address:

P.O. BOX 331669
ATLANTIC BEACH, FL 32233 US

FEI Number: 75-3258225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIPTON, ROBERT C
26 TALLWOOD ROAD
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	MANN, CHARLIE	
Address:	204 CENTURY 21 DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32216 US	
Title:	MGRM	( ) Delete
Name:	BROWARD, LEIGH	
Address:	204 CENTURY 21 DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32216 US	
Title:	MGRM	( ) Delete
Name:	TIPTON, ROBERT C GENMGR	
Address:	204 CENTURY 21 DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32216 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: ROBERT C TIPTON MGRM 03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date