

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023443

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** RICE INVESTMENT MANAGERS, LLC

**Current Principal Place of Business:**

595 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2644  
CASHIERS, NC 28717

**New Mailing Address:**

609 OLD FORT RD  
FAIRVIEW, NC 28730

**FEI Number:** 26-2371827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WING, GEORGE  
595 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174 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: MGR ( ) Delete  
Name: RICE, CONNIE L  
Address: P.O. BOX 2644  
City-St-Zip: CASHIERS, NC 28717 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RICE, CONNIE L  
Address: 609 OLD FORT RD  
City-St-Zip: FAIRVIEW, NC 28730 US

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:** CONNIE L. RICE

MGR

04/09/2009

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