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Secretary of State
05-02-2003 90576 045 ****55.00

30066606

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000054

1. Entity Name
RIT, L.C.

Principal Place of Business	Mailing Address
4403 SUN VILLAGE BLVD. KISSIMMEE, FL 34746	10222 ATTERBURY COURT ORLANDO, FL 32824

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3527234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHROEDER, MICHAEL A ESQ. SCHROEDER AND LARCHE, P.A., SUITE 319-A ONE BOCA PLACE, 2255 GLADES ROAD BOCA RATON, FL 33431-7313	Name: Todd K. Norman, Esq. Street Address (P.O. Box Number is Not Acceptable): 34 N. Orange Avenue Suite 200 City: Orlando FL Zip Code: 32802

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: attorney 4/28/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when submitting) DATE

FILE NOW! FILING FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR SMEE, TRUSTEE, ROGER 10222 ATTERBURY COURT ORLANDO, FL 32827	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR ROCK INVESTMENT TRUST PLC 10222 ATTERBURY COURT ORLANDO, FL 32827	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: K.O. K.O. JONES 04/28/03 407 908 1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #