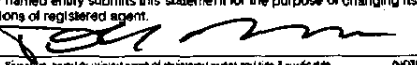
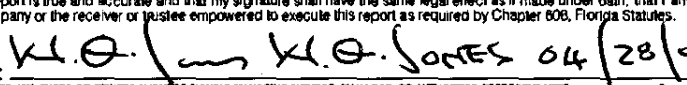


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90576 045 *****55.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30066606

DOCUMENT # L98000000054					
1. Entity Name RIT, L.C.					
Principal Place of Business 4403 SUN VILLAGE BLVD. KISSIMMEE, FL 34746			Mailing Address 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
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 SCHROEDER, MICHAEL A ESQ. SCHROEDER AND LARCHE, P.A., SUITE 319-A ONE BOCA PLACE, 2255 GLADES ROAD BOCA RATON, FL 33431-7313			7. Name and Address of New Registered Agent Name: Todd K. Norman, Esq. Street Address (P.O. Box Number is Not Acceptable) 37 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 DATE: 4/28/03 (Signature, typed or printed name of registered agent and fee filer is acceptable) (NOTE: Registered Agent's signature required when filing statement)					
FILE NOW WITH FEE OF \$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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR ROCK INVESTMENT TRUST PLC 10222 ATTERBURY COURT ORLANDO, FL 32827	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 606, Florida Statutes.					
SIGNATURE:  K.O. JONES 04/28/03 407 908 1572 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)