

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
RO-DALE INVESTMENTS, L.C.

Principal Place of Business
**5201 VILLAGE BLVD.
WEST PALM BEACH FL 33407**

Mailing Address
**5201 VILLAGE BLVD.
WEST PALM BEACH FL 33407**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0968947**

Applied For
Not Applicable

Zip Country

Zip Country

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

**NEEDLE, ROBERT
5201 VILLAGE BLVD.
WEST PALM BEACH FL 33407**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**200004078672--3
-04/25/01--01114--013
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM NEEDLE, ROBERT**
STREET ADDRESS **5201 VILLAGE BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE NAME **MGRM DAVID NEEDLE, TRUSTEE Robert Needle 1990 TRUST**
STREET ADDRESS **5201 VILLAGE BLVD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE NAME **MGRM SCHACHT, DALE** Delete
STREET ADDRESS **9294 HEATHRIDGE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/07/01** Daytime Phone # **561-687-1901**

CR2E083 (11/00)