

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000009041



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



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

01042006 Chg-LLC CR2E083 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  Change  Addition  
 NAME U00000399711  
 STREET ADDRESS 02/01/06-80023-020 50.00  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

1/5/06 561-687-1901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #