

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009041

FILED
Apr 24, 2007
Secretary of State

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

Current Principal Place of Business:

5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0968947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEEDLE, ROBERT
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407 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: MGRM () Delete
Name: NEEDLE, ROBERT
Address: 5201 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: SCHACHT, DALE
Address: 9294 HEATHRIDGE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Delete
Name: NEEDLE, DAVID TRUSTEE
Address: 5201 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SCHACHT, DALE
Address: 8621 SE SOMERSET ISLAND WAY
City-St-Zip: JUPITER, FL 33458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT NEEDLE

MRGM

04/24/2007

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