2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000001087

1. Entity Name
RODAFAM LLC

Principal Place of Business	Mailing Address
PO BOX 19366 JACKSONVILLE, FL 32245-9366	PO BOX 19366 JACKSONVILLE, FL 32245-9366

DO NOT WRITE IN THIS SPACE

02282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
90-0062432
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAVIS, ROBERT D
STREET ADDRESS	PO BOX 19366
CITY-ST-ZIP	JACKSONVILLE, FL 322459366
TITLE	MGR
NAME	SKELTON, H. JAY
STREET ADDRESS	PO BOX 19366
CITY-ST-ZIP	JACKSONVILLE, FL 322459366
TITLE	MGR
NAME	ZAHRA, E. ELLIS JR
STREET ADDRESS	PO BOX 19366
CITY-ST-ZIP	JACKSONVILLE, FL 322459366
TITLE	MGR
NAME	FRANCIS, HARRY D
STREET ADDRESS	PO BOX 19366
CITY-ST-ZIP	JACKSONVILLE, FL 322459366
TITLE	MGR
NAME	THORNE, SUSAN C
STREET ADDRESS	PO BOX 19366
CITY-ST-ZIP	JACKSONVILLE, FL 322459366
TITLE	MGR
NAME	CLOWE, DAVID C
STREET ADDRESS	P.O. BOX 19366
CITY-ST-ZIP	JACKSONVILLE, FL 322459366

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04/11/06-80081-001 50.00

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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan C. Thorne 3/23/06 904/223-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #