


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-05-2004 90079 021 ****50.00

DOCUMENT # M03000002050 1. Entity Name RLW INVESTMENT STRATEGY, LLC																					
Principal Place of Business RT. 8, BOX 826 LAKE CITY, FL 32055		Mailing Address RT. 8, BOX 826 LAKE CITY, FL 32055																			
2. Principal Place of Business 996 NW Scenic Lake Dr.		3. Mailing Address 996 NW Scenic Lake Dr.																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																			
City & State LAKE CITY, FL		City & State LAKE CITY, FL																			
Zip 32055		Zip 32055																			
Country USA		Country USA																			
4. FEI Number 75-3105372		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent POWELL CARNEY GROSS MALLER & RAMSAY, PA ONE PROGRESS PLAZA, SUITE 1210 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>WRIGHT, RICHARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RT. 8 BOX 826 LAKE CITY, FL 32055</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	WRIGHT, RICHARD		CITY-ST-ZIP	RT. 8 BOX 826 LAKE CITY, FL 32055		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>996 N.W. Scenic Lake Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE CITY, FL 32055</td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	996 N.W. Scenic Lake Drive		CITY-ST-ZIP	LAKE CITY, FL 32055	
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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: Richard L. Wright		1-26-04																			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>																			