


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90020 047 ****50.00

DOCUMENT # M04000001028	
1. Entity Name RMKM INVESTMENTS, LLC	

Principal Place of Business 900 WESTPARK DRIVE, STE. 300 PEACHTREE CITY, GA 30269	Mailing Address 900 WESTPARK DRIVE, STE. 300 PEACHTREE CITY, GA 30269
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20001253



2. Principal Place of Business 178 EBENEZER RD.	3. Mailing Address 178 EBENEZER RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-LLC CR2E083 (10/03)

City & State FAYETTEVILLE, GA	City & State FAYETTEVILLE, GA	4. FEI Number 31-1831964	Applied For Not Applicable
Zip 30215	Country FAYETTE	Zip 30215	Country FAYETTE

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
HAUGHT, BRUCE A P.A. 385 HWY. 98 SUITE 220 DESTIN, FL 32540	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 *Robert Muller* *NON-MGR. MGR* *1/6/05*
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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLER, ROBERT L II 178 EBENEZER ROAD FAYETTEVILLE, GA 30214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Robert Muller* *1/6/05* *770-486-0515*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #