2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002581

Entity Name: ROAD-RITE LLC

Current Principal Place of Business:	**New Principal Place of Business:**
6600 JANSEN AVE NE #100 ALBERTVILLE, MN 55301	1799 STATE ROAD 559 POLK CITY, FL 33868
Current Mailing Address:	**New Mailing Address:**
6600 JANSEN AVE NE #100 ALBERTVILLE, MN 55301	3759 31ST ST SE ST CLOUD, MN 56304

FEI Number: 80-0116927   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ROBERTS, TIMOTHY 1799 STATE ROAD 559 POLK CITY, FL 33868 US	

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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ROBERTS, TIM	Name:	
Address:	6472 W. LAKETOWNE DR.	Address:	
City-St-Zip:	ALBERTVILLE, MN 55301	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GEURTS, MARK	Name:	
Address:	2200 LEAVENWORTH #201	Address:	
City-St-Zip:	SAN FRANCISCO, CA 94133	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY ROBERTS   MGRM   04/01/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date