


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90026 019 \*\*\*\*50.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # L01000001515</b><br>1. Entity Name<br><b>ROCCO INVESTMENTS, L.L.C.</b>  |  |   |  |       |  |
| Principal Place of Business<br><b>412 APACHE LN<br/>SEFFNER, FL 33584</b>   |  |   | Mailing Address<br><b>PO BOX 795<br/>SEFFNER, FL 33583</b>   |  |  |
| 2. Principal Place of Business<br><b>6040 W. Ainsley Ct.</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>P.O. Box 641077</b><br>Suite, Apt. #, etc.             |  |  |  |
| City & State<br><b>Crystal River, FL</b><br>Zip <b>34429</b> Country <b>USA</b>   |  | City & State<br><b>Beverly Hills, FL</b><br>Zip <b>34464</b> Country <b>USA</b> |  | 4. FEI Number<br><b>01-0587073</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                                 |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REIBER, JACOB I<br/>26650 STATE ROAD 54<br/>LUTZ, FL 33549</b>  |  |   | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>                    |  |  |  |
| 9. MANAGING MEMBERS / MANAGERS  |  |   | 10. ADDITIONS / CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>CAPPUCCILLI, JOSEPH<br/>412 APACHE LN<br/>SEFFNER, FL 33584</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>Cappuccilli, Joseph<br/>6040 W. Ainsley Ct.<br/>Crystal River, FL 34429</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <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)(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. |  |   |  |  |  |
| <b>SIGNATURE:</b> _____<br>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)  |  |   | Date <b>1/16/05</b> Daytime Phone # <b>352-795-2951</b>  |  |  |