

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000010078

**FILED**  
**Nov 09, 2004**  
**Secretary of State**

**Entity Name:** ROCK SPRINGS ROAD, LC

**Current Principal Place of Business:**

115 N. MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

3001 MONTICELLO AVENUE  
SUITE 200  
DALLAS, TX 75205

**Current Mailing Address:**

115 N. MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

3001 MONTICELLO AVENUE  
SUITE 200  
DALLAS, TX 75205

**FEI Number:** 59-3725611      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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/MEMBERS:**

**Title:** MGR      ( ) Delete  
**Name:** GUARDIAN EQUITIES, I, NC.  
**Address:** 1775 BROADWAY, 23RD FLOOR  
**City-St-Zip:** NEW YORK, NY 10019

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHRYN MANSFIELD

MGR

11/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date