


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 21, 2003 8:00 am  
Secretary of State

02-21-2003 90023 016 \*\*\*\*50.00

**DOCUMENT # L01000010078**

1. Entity Name  
**ROCK SPRINGS ROAD, LC**



Principal Place of Business      Mailing Address

**1399 WEST STATE ROAD 434  
LONGWOOD FL 32750**      **1399 WEST STATE ROAD 434  
LONGWOOD FL 32750**

2. Principal Place of Business      3. Mailing Address

**115 N MAITLAND AV**      **115 N MAITLAND AV**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**ALTAMONTE SPRINGS-FL**      **ALTAMONTE SPRINGS-FL**

Zip      Country      Zip      Country

**32701**      **USA**      **32701**      **USA**

4. FEI Number      Applied For

**59-3725611**       Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**WALKER, BERRY J JR.,ESQ  
WALKER & TUDHOPE, P.A.  
235 MAITLAND AVENUE SOUTH, SUITE 216  
MAITLAND FL 32751**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

**B.** 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GUARDIAN EQUITIES, INC. 1551 SANDSPUR ROAD MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Golden Fl. management Inc 115 Maitland Av Altamonte Springs FL 32701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

**SIGNATURE:** *Michael M...* **SIGNATURE REQUIRED**      *2/18/2003*      Date      Daytime Phone #

CR2E083 (10/02)