


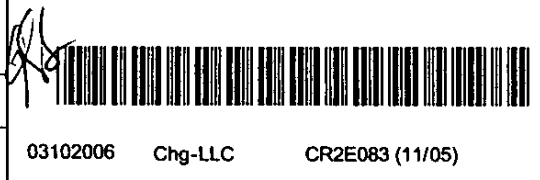
2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 11:01

DOCUMENT # L02000020838 1. Entity Name ROLYS AT DUBLIN, L.L.C.	
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Principal Place of Business 2133 SOUTH U.S. 1 JUPITER, FL 33477	Mailing Address 2133 SOUTH U.S. 1 JUPITER, FL 33477
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State
City & State	City & State	4. FEI Number 02-0637819
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOCTOR, DECLAN		NAME	PAUL HUGHES	
STREET ADDRESS	2133 SOUTH U.S. 1		STREET ADDRESS	3349 B GARDENS EAST DRIVE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	PALM BEACH GARDENS, FLA 33410	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GERALDINE DOYLE	
STREET ADDRESS			STREET ADDRESS	4330 J. LILAC ST.	
CITY-ST-ZIP			CITY-ST-ZIP	PALM BEACH GARDENS, FLA 33410	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARIA HOCTOR	
STREET ADDRESS			STREET ADDRESS	10321 HUNT CLUB LANE	
CITY-ST-ZIP			CITY-ST-ZIP	PALM BEACH GARDENS FLA 33418	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* 3-10-06 561-744-5054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #