### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L02000020838**

1. Entity Name ROLYS AT DUBLIN, L.L.C.

FILED Jan 25, 2008 08:00 AN Secretary of State

Principal Place of Business

2133 SOUTH U.S. 1 JUPITER, FL 33477 Mailing Address

2133 SOUTH U.S. 1 JUPITER, FL 33477



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0637819 Applied For Not Applicable

5. Certificate of Status Desired

\$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

## DO NOT WRITE IN THIS SPACE

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.

Signatura, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

I	
9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HOCTOR, DECLAN
STREET ADDRESS	2133 SOUTH U.S. 1
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	MGRM
NAME	HUGHES, PAUL
STREET ADDRESS	3349 B GARDENS EAST DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	DOYLE, GERALDINE
STREET ADDRESS	4330 J LILAC ST
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	HOCTOR, MARIA
STREET ADDRESS	10221 HUNT CLUB LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGR
NAME	O'SULLIVAN, JOHN
STREET ADDRESS	905 AUGUSTA POINTE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TIFLE	MGR
NAME	O'SULLIVAN, ANGELA
STREET ADDRESS	905 AUGUSTA POINTE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

U00000797828 01/30/08-80004-013 138.75

# DO NOT WRITE IN THIS SPACE

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 ooth; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dat

Daytime Phone #