

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030840

Entity Name: ROHAN INVESTMENTS II, LLC

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

1009 WEST CLEVELAND STREET  
TAMPA, FL 33609

## New Principal Place of Business:

414 ROBERTSON STREET  
BRANDON, FL 33511

## Current Mailing Address:

1009 WEST CLEVELAND STREET  
TAMPA, FL 33609

## New Mailing Address:

414 ROBERTSON STREET  
BRANDON, FL 33511

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TIPNES, VICK  
1009 WEST CLEVELAND STREET  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

TIPNES, VICK  
414 ROBERTSON STREET  
BRANDON, FL 33511 US

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: VICK TIPNES

04/28/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: TIPNES, VICK  
Address: 1009 WEST CLEVELAND STREET  
City-St-Zip: TAMPA, FL 33609

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: ANGIER, SARAH B  
Address: 414 ROBERTSON STREET  
City-St-Zip: BRANDON, FL 33511

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: SARAH ANGIER

MGR

04/28/2005

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