## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000082252

1. Entity Name ROLAND LLC.

Principal Place of Business

MIAMI BEACH, FL 33140

3144 SHERIDAN AVE.

Mailing Address

3144 SHERIDAN AVE. MIAMI BEACH, FL 33140

## FILED May 05, 2006 08:00 All Secretary of State



04292006 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number<br>20-1878321      | <br>Applied For Not Applicable    |  |
|----------------------------------|-----------------------------------|--|
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |  |

6. Name and Address of Current Registered Agent

BARTHE & LEIGH LLP 2455 E. SUNRISE BLVD. 602 FORT LAUDERDALE, FL 33304

CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| the obligations of registered agent.     |  |  |  |  |
|--|--|--|--|--|
| SIGNATURE.                               | Signature, typed or printed name of registered agont and title if applicable             | (NOTE: Registered Agent signature required when reinstating) | DATE                                     |  |
| F  | iling Fee is \$50.00<br>ue by May 1, 2006  |  | U00000562469<br>05/19/06-80056-021 50.00 |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS  MGRM  VOLOT, KAREL  3144 SHERIDAN AVE.  MIAMI BEACH, FL 33140 |  |  |  |
| NAME<br>STREET ADDRESS<br>CHY-ST-ZIP     |  |  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  | DO   | NOT WRITE                                |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  | IN   | THIS SPACE                               |  |
| NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |  |
| TITLE NAME                               |  |  |  |  |

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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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