


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90354 047 ****55.00

DOCUMENT # L05000036609
 1. Entity Name
THE ROCKY MESA GROUP, L.L.C.



Principal Place of Business Mailing Address
 12147 WOODBRIDGE COURT 12147 WOODBRIDGE COURT
 JACKSONVILLE FL 32246 JACKSONVILLE FL 32246



2. Principal Place of Business 3. Mailing Address
4160-2 SOUTHSIDE BLVD **4160-2 SOUTHSIDE BLVD**
 Suite/Apt. #, etc. Suite/Apt. #, etc.
2 **2**

1st MOORE CR2E083 (10/05)

City & State City & State
JACKSONVILLE FL **JACKSONVILLE FL**
 Zip Country Zip Country
32216 **DUVAL** **32216** **DUVAL**

4. FEI Number Applied For
20-2734798 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

POYER, GLENN E
12147 WOODBRIDGE COURT
JACKSONVILLE FL 32246

Name **GLENN E. POYER**
 Street Address (P.O. Box Number is Not Acceptable)
4160-2 SOUTHSIDE BLVD
 City State Zip Code
JACKSONVILLE **FL** **32216**

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: *Glenn E. Poyer* DATE: **2-3-06**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2008

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POYER, GLENN E 12147 WOODBRIDGE COURT JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLENN E. POYER 4160-2 SOUTHSIDE BLVD. JACKSONVILLE FL. 32216 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 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: *Glenn E. Poyer* Date Daytime Phone #

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



ATTACHMENT

20015154

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

THE ROCKY MESA GROUP, L.L.C.
4160-2 SOUTHSIDE BLVD STE 2
JACKSONVILLE, FL 32216

Subject: **THE ROCKY MESA GROUP, L.L.C.**

Reference Number: **L05000036609**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION