

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/24/2006 9:00:14 AM \$55.00 \$55.00
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 SEP 14 AM 10:02

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|--|--|---|---------|---|
| DOCUMENT # L05000115663 1. Entity Name A PIECE OF THE ROCK, LLC | | | | |
| Principal Place of Business 14604 SW 57 TERRACE MIAMI, FL 33183 | | Mailing Address 14604 SW 57 TERRACE MIAMI, FL 33183 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 6. Name and Address of Current Registered Agent MARTINO, TANIA 14604 SW 57 TERRACE MIAMI, FLORIDA, FL 33183 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
| 4. FEI Number 14-1943126 | | | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required |
| 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. | | | | DATE |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | DATE |
| Filing Fee is \$50.00 Due by September 8, 2006 | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MARTINO, TANIA 14604 SW 57 TERRACE MIAMI, FL 33183 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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: <u>Tania S. Martino</u> | | | | Date: <u>8-21-06</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>DATE</small> |