


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90077 034 ***138.75

DOCUMENT # M07000003325

1. Entity Name
OPROCK SARASOTA FEE, LLC



Principal Place of Business
**C/O ROCKWOOD CAPITAL, LLC
 TWO EMBARCADERO CENTER, 23RD FLOOR
 SAN FRANCISCO, CA 94111-1**

Mailing Address
**C/O ROCKWOOD CAPITAL, LLC
 TWO EMBARCADERO CENTER, 23RD FLOOR
 SAN FRANCISCO, CA 94111-1**

60041467



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**1000 Market Street
 Suite, Apt. #, etc.
 Suite 300**

02132008 Chg-LLC CR2E083 (12/06)

City & State
Portsmouth, NH

4. FEI Number
26-0261706

Applied For
 Not Applicable

Zip Country
03801 US

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**NATIONAL CORPORATE RESEARCH, LTD. INC.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

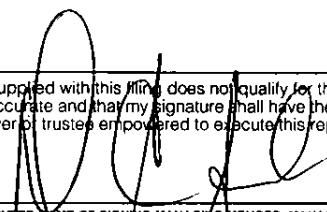
**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OPROCK SARASOTA MEZZ, LLC TWO EMBARCADERO CENTER, 23RD FLOOR SAN FRANCISCO, CA 941111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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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 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:  **Richard A. Manager**

Date: **2/14/08** Daytime Phone #: **(603) 559-2100**