

FILED
May 20, 2005 8:00 am
Secretary of State

04-27-2005 90031 014 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000078290			
1. Entity Name ROCK SPRINGS RIDGE HOLDING COMPANY, LLC			
Principal Place of Business 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804		Mailing Address 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CUROTTO, DONALD J 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name ELIZABETH CURRANT Street Address (P.O. Box Number is Not Acceptable) 401 W. COLONIAL DR, SUITE 7 City ORLANDO FL Zip Code 32804	
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 <u><i>Elizabeth Currant</i></u> ELIZABETH CURRANT DATE 4/21/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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><i>Elizabeth Currant</i></u> ELIZABETH CURRANT DATE 4/21/05 PHONE 407-425-8276 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			