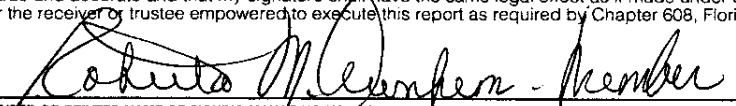


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90013 008 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                 |                                                                    |                                                                                                                                      |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L00000006430</b><br>1. Entity Name<br><b>ROB ROC IV, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                                 |                                                                    |                                                     |                                                                   |
| Principal Place of Business<br><b>11 FARNHAM AVENUE<br/>WATERBURY CT 06708</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                 | Mailing Address<br><b>11 FARNHAM AVENUE<br/>WATERBURY CT 06708</b> |                                                                                                                                      |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                          |                                                                                                                                      |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                 | City & State                                                       |                                                                                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  | Country                         |                                                                    | Zip                                                                                                                                  |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  | Country                         |                                                                    | 4. FEI Number<br><b>06-1586847</b>                                                                                                   |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                 |                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                 |                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                 |                                                                    |                                                                                                                                      |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                                 |                                                                    |                                                                                                                                      |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                 | 10. ADDITIONS / CHANGES                                            |                                                                                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MEM</b><br><b>ARONHEIM, ROBERTA</b><br><b>11 FARNHAM AVE.</b><br><b>WATERBURY CT 06708</b>    | <input type="checkbox"/> Delete |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MEM</b><br><b>ARONITEIM, R. ELLIOT</b><br><b>11 FARNHAM AVE.</b><br><b>WATERBURY CT 06708</b> | <input type="checkbox"/> Delete |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                  | <input type="checkbox"/> Delete |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                  | <input type="checkbox"/> Delete |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                  | <input type="checkbox"/> Delete |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                  | <input type="checkbox"/> Delete |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                                                                                  |                                 |                                                                    |                                                                                                                                      |                                                                   |
| <b>SIGNATURE:</b>  <b>Member</b> <span style="float: right;">5/1/04 207-253-2500</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                           |                                                                                                  |                                 |                                                                    |                                                                                                                                      |                                                                   |