2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 06, 2006 8:00 am **DOCUMENT # L01000001515 Secretary of State** 02-06-2006 90168 021 ****50.00 ROCCO INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 6040 W AINSLEY CT PO BOX 641077 20005056 CRYSTAL RIVER, FL 34429 BEVERLY HILLS, FL 34464 3. Mailing Address 2. Principal Place of Business 26/2 N. Prestwick Way Suite, Apt. #, etc. Suite, Apt. #, etc. 01292006 Cha-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number City & State econto. 01-0587073 Not Applicable Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REIBER, JACOB I Street Address (P.O. Box Number is Not Acceptable) 26650 STATE ROAD 54 LUTZ, FL 33549 Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable. Filing Fee Is \$50.00 Make check payable to Florida Department of State Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition MGR TITLE Delete TITLE ☐ Change CAPPUCCILLI, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 6040 W AINSLEY CT CITY-ST-ZIP CRYSTAL RIVER, FL 34429 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete [7] Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITEF ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE MM MM.

Joseph Cappacilli, MOR 2/4/06

FILED