


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90037 019 ****50.00

DOCUMENT # L01000007900	
1. Entity Name ROCKNICK ENTERTAINMENT HOLDINGS LLC	

Principal Place of Business 8317 LYRIE DR PENSACOLA, FL 32514	Mailing Address PO BOX 19077 PENSACOLA, FL 32523
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20054113

2. Principal Place of Business 1210 North Y Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pensacola, FL 32502	City & State
Zip 32502	Country USA



08312006 Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3724385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent DAVIS, MICHAEL 1210 NORTH Y STREET PENSACOLA, FL 32505	
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 *Michael Davis* (NOTE: Registered Agent signature required when reinstating) 8/31/06 DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCASTER, FREDERICK K 94 LAUREL RD BREWTON, AL 36426 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Frederick K Lancaster* 9/2/06 Date Daytime Phone #