
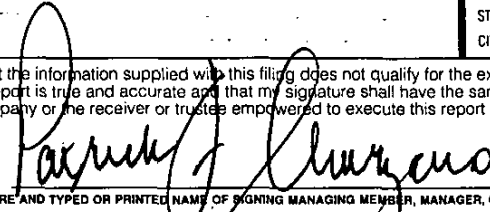


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90596 015 \*\*\*\*50.00

DOCUMENT # L01000011784					
1. Entity Name <b>ROCKDALE REALTY, L.C.</b>					
Principal Place of Business <b>1191 E. NEWPORT CENTER DR. #103 DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1191 E. NEWPORT CENTER DR. #103 DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business <b>WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069</b>		3. Mailing Address <b>WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069</b>			
Suite, Apt. #, etc. <b>1660 NW 19th Ave.</b>		Suite, Apt. #, etc. <b>1660 NW 19th Ave.</b>		02232005    Chg-LLC    CR2E083 (10/03)	
City & State <b>Pompano Beach, FL 33069</b>		City & State <b>Pompano Beach, FL 33069</b>		4. FEI Number <b>65-1123847</b>	
Zip <b>33069</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARZANO, MICHAEL 1191 E. NEWPORT CENTER DR. #103 DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent  <b>WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069</b>		
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>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARZANO, MICHAEL 1191 E. NEWPORT CENTER DR. #103 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CONTROL WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
SIGNATURE: 			Date: <b>3/10/04</b> Daytime Phone #: <b>954 443 9800</b>		