2005 LIMITED LIABILITY COMPANY

FILED Mar 14, 2005 8:00 am

ANNUAL REPURI					Secretary of State					
DOCUMENT # L01000011784						-14-2005 9	•			
1. Entity Nam	ne e									
ROCKDALE REALTY, L.C.			1							
			A SECOND	E.S.						
Principal Plac	_	Mailing Address								
1191 E. NEWPORT CENTER DR. #103 1191 E. NEWPORT CENTE				-						
DEEKHELDE	BEACH, FL 33442	DEERFIELD BEACH, FL 3:	3442							
	WEN'T MONTO									
2. Principal P	NEW ADDRESS:	3. Mailing Address WE'VE MOVED								
Suite, Apt. #1660 NW 19th Ave.		Suite, Apt. #, et NEW ADDRESS:		0223	2005	Chg-LLC	CDOE	83 (10/03)		
		1660 NW 19th Ave.		e.		ong-LLO	CHZE			
City & State	mpano Beach, FL 33069	City & State Pompano B	each, FL 3		Number 5-11238	47		_ 	Applicable	
Zip	Country	Zip	Country			Status Desired		\$5.00 Add	tional	
	6 Name and Address of Current F	Registered Agent	1					Fee Required	<u> </u>	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
MARZANO, MICHAEL WE'VE MOVED Street Address (P.O. Box Number is Not Acceptable)										
MARZANO, MICHAEL 1191E. NEWPORT CENTER DR. #103 DEERNELD BEACH, N. 33442 WE'VE MOVED NEW ADDRESS: NEW ADDRESS:										
1660 NW 19th Ave.										
Pompano Beach, Filip 33069 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)							UATE			
	iling Fee is \$50.00	ı		Make check payable to						
, D	ue by May 1, 2005	·				Flori	da Departn	ent of State	'	
9.	MANAGING MEMBER	RS/MANAGERS	10.		<u></u>	ADDITION	S/CHANGE:	3		
TITLE	MGR	☐ Delete	TITLE	CONTR	io white	VE MOV	'ED	Change	Addition	
NAME PROCET ADDRESS	MARZANO, MICHAEL	NAME CTRCCT ADDRCCC		NEW ADDRESS:						
STREET ADDRESS CITY-ST-ZIP	1191 E. NEWPORT CENTER DR DEERFIELD BEACH, FL 33442	STREET ADDRESS CITY-ST-ZIP	1660 NW 19th Ave.							
TITLE		_ Delete	TITLE	Do	mnano	Beach,	FL 330	59 Change	☐ Addition	
NAME		,	NAME	. PO	IIIPalio	Doucii,	1 12 000			
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STREET ADDRESS			STREET ADDRESS							
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CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE		,			☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	Single Control of the State of	*** *********************************	STREET ADDRESS CITY-ST-ZIP			-	1_i*			
TITLE	2.1.5" (**	□ Delete	TITLE			,	y 45, 26	€ Change	Addition	
NAME			NAME		;	•		1 7		
STREET ADDRESS			STREET ADDRESS	_						

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP