

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003243

1. Entity Name
FOX ROCK LLC



Principal Place of Business
2665 S. BAYSHORE DR., STE. 703
MIAMI, FL 33133

Mailing Address
2665 S. BAYSHORE DR., STE. 703
MIAMI, FL 33133

FILED

04 MAY -7 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0437401

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR., STE. 703
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

100035750071
05/07/04--01043--003 **750.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FLYNN, JOHN
STREET ADDRESS 2665 S. BAYSHORE DR., STE. 703
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGR
NAME FLYNN, LEONA
STREET ADDRESS 2665 S. BAYSHORE DR., STE. 703
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

Timothy D. Richards

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/29/04 (305) 858-9900

Date

Daytime Phone #