2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L02000003243

Entity Name: FOX ROCK LLC

Current Principal Place of Business:

1230 NORTH LAKE WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

1230 NORTH LAKE WAY
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 03-0437401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: LEWIS F. CRIPPEN, ESQ. 05/02/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FLYNN, JOHN
Address: 1230 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM ( ) Delete
Name: FLYNN, LEONA
Address: 1230 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN FLYNN MGR 05/02/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date