2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003243 1. Entity Name



FOX ROCK LLC

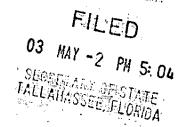
Principal Place of Business 2665 S. BAYSHORE DR., STE, 703 MIAMI FL 33133

Mailing Address

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

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip





☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0437401

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

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

Country

Street Address (P.O. Box Number is Not Acceptable)

City

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.

Country

SIGNATURE

Zip

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9.	MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLYNN, JOHN 2665 S. BAYSHORE DR., STE. 703 MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGR FLYNN, LEONA 2665 S. BAYSHORE DR., STE. 703 MIAMI FL 33133	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100017918871 05/02/0301085011 **129	□ Addition 1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	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.

John Flynn

3/14/03 (305) 858-9900

Daytime Phone #