

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003311

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: ROCKLAND PROPERTIES, LLC

**Current Principal Place of Business:**

1314 EAST LAS OLAS BLVD., #1114  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1314 EAST LAS OLAS BLVD., #1114  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 01-0630342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRICK, WILLIAM WATSON JR  
1216 E. ATLANTIC BLVD., SUITE 7  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHECHER, GLENN R  
Address: 1314 EAST LAS OLAS BLVD., #1114  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: HALE, KENNETH  
Address: 1314 EAST LAS OLAS BLVD., #1114  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHECHER, GLENN R  
Address: P. O. BOX 4874  
City-St-Zip: FORT LAUDERDALE, FL 33338

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: KENNETH HALE

MGRM

03/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date