

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000003311

FILED
Apr 21, 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: P. O. BOX 4874
City-St-Zip: FORT LAUDERDALE, FL 33338

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MEMB () Change (X) Addition
Name: SCHECHER, CONSTANCE
Address: 1732 NE 3 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33305

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: GLENN R. SCHECHER, MGRM

MGRM

04/21/2006

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