


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012687 1. Entity Name SOLID ROCK VENTURES, L.L.C.	
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Principal Place of Business 4317 GENTLE KNOLL DR. N JACKSONVILLE, L 32258	Mailing Address 9838 OLD BAYMEADOW RD #119 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0705683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD. SUITE 504 JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOSHEE, PAUL E 4317 GENTLE KNOLL DR N JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNS, JAMES K 336 N ELVERTON PL JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VEON, ROBERT E 723 MAGNOLIA AVE GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

000000045146
02/11/04-80049-009 50.00

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 609, Florida Statutes.

SIGNATURE: Paul E. Foshee 2/7/04 904-987-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #