

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

|                                                                     |                                                                                   |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000013234</b><br>1. Entity Name<br>LAROCCO, L.L.C. |  |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                              |                                                                         |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>14051 EMERALD COAST PKWY.<br>DESTIN, FL 32541 | Mailing Address<br>4481 LEGENDARY DRIVE<br>STE. 200<br>DESTIN, FL 32541 |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-LLC CR2E083 (10/03)

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>04-3695124                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

CONERLY, LAMAR JR.  
4481 LEGENDARY DR., STE. 200  
DESTIN, FL 32541

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IN THIS SPACE**

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

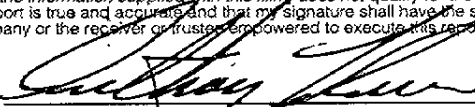
**Filing Fee is \$50.00  
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MG<br>MCMILLAN, MICHAEL<br>14051 EMERALD COAST PKWY.<br>DESTIN, FL 32541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LAROCCO, ANTHONY<br>14051 EMERALD COAST PKWY.<br>DESTIN, FL 32541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

U000000013231  
01/26/04-80047-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:  1/13/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #