


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000020838**

1. Entity Name  
**ROLYS AT DUBLIN, L.L.C.**



Principal Place of Business <b>2133 SOUTH U.S. 1          JUPITER, FL 33477</b>	Mailing Address <b>2133 SOUTH U.S. 1          JUPITER, FL 33477</b>
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**DO NOT WRITE IN THIS SPACE**



01232007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>02-0637819</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGR</b>	NAME <b>HOCTOR, DECLAN</b>
STREET ADDRESS <b>2133 SOUTH U.S. 1</b>	CITY-ST-ZIP <b>JUPITER, FL 33477</b>
TITLE <b>MGRM</b>	NAME <b>HUGHES, PAUL</b>
STREET ADDRESS <b>3349 B GARDENS EAST DRIVE</b>	CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>
TITLE <b>MGRM</b>	NAME <b>DOYLE, GERALDINE</b>
STREET ADDRESS <b>4330 J LILAC ST</b>	CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>
TITLE <b>MGRM</b>	NAME <b>HOCTOR, MARIA</b>
STREET ADDRESS <b>10221 HUNT CLUB LANE</b>	CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>
TITLE <b>MGR</b>	NAME <b>O'SULLIVAN, JOHN</b>
STREET ADDRESS <b>905 AUGUSTA POINTE DR</b>	CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>
TITLE <b>MGR</b>	NAME <b>O'SULLIVAN, ANGELA</b>
STREET ADDRESS <b>905 AUGUSTA POINTE DR</b>	CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>

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 02/08/07-30037-009 50.00

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**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**       **1/23/07**      **(361) 744-5054**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #