

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024843

**FILED**  
**Jul 12, 2005**  
**Secretary of State**

**Entity Name:** ROCKAWAY PARTNERS, LLC

**Current Principal Place of Business:**

230 NORTH DIXIE HWY., STE 26  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

230 NORTH DIXIE HWY., STE 26  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 57-1136990      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LEIGHT, PAUL J  
230 NORTH DIXIE HWY., STE 26  
HOLLYWOOD, FL 33020      US

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:** LEIGHT, PAUL  
**Address:** 230 N DIXIE HIGHWAY, STE 26  
**City-St-Zip:** HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

**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 Section 119.07(3)(i), 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: PAUL LEIGHT

PD

07/12/2005

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