

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L02000034795  
 1. Entity Name  
 ROCK CREEK, L.L.C.



Principal Place of Business 6704 LONE OAK BOULEVARD NAPLES, FL 34109	Mailing Address 6704 LONE OAK BOULEVARD NAPLES, FL 34109
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**DO NOT WRITE IN THIS SPACE**



01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 48-1291285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 EBELINI, MARK A  
 1625 HENDRY STREET THIRD FL  
 FORT MYERS, FL 33901

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAUSSEN, CHRISTOPHER G 6704 LONE OAK BOULEVARD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAKIM, JOSEPH E 6704 LONE OAK BOULEVARD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

6600000861321  
 04/03/08-80004-015 138.75

**DO NOT WRITE IN THIS SPACE**

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: Christopher B. Claussen 2/27/08 2395969067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #