LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

01-27-2003 90080 043 ****50.00
L02000034795

DOCUMENT # L02000034795

1. Entity Name

Rock Creek, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 27 PM 2:14

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
768 Ashburton Drive	768 Ashburton Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34110 Country: Collier	Zip: 34110 Country: Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1291285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mark A. Ebelini

Street Address (P.O. Box Number is Not Acceptable):

1625 Hendry Street Third Floor

City: Ft. Myers FL Zip Code: 33901

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Michael F. Johnson 768 Ashburton Drive, Naples, FL 34110	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Joseph E. Hakim 768 Ashburton Drive, Naples, FL 34110	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

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 608, Florida Statutes.

SIGNATURE: Michael F Johnson MICHAEL F JOHNSON 1/21/03 2395942649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #