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7.

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000016355			
1. Entity Name ROCKY MOUNTAIN, LLC			
Principal Place of Business 112 HARBOURMASTER CT. PONTE VEDRA BEACH, FL 32082		Mailing Address 112 HARBOURMASTER CT. PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEJ Number 200015620		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		7. Name and Address of New Registered Agent	
BIRK, JOHN R 112 HARBOURMASTER CT. PONTE VEDRA BEACH, FL 32082		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	
Filing Fee is \$50.00 Due by September 6, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	Member JOHN R BIRK 112 HARBOURMASTER CT PONTE VEDRA, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MANAGING MEMBER JOHN R BIRK 112 HARBOURMASTER CT PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	Member SUSAN A BIRK 112 HARBOURMASTER CT PONTE VEDRA, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MANAGING MEMBER SUSAN A BIRK 112 HARBOURMASTER CT PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>John R Birk</i>		Managing Member 8/4/04 904-273 7819	

John R Birk
 Managing Member 9/11/04