


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016355 1. Entity Name ROCKY MOUNTAIN, LLC	
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Principal Place of Business 112 HARBOURMASTER CT. PONTE VEDRA BEACH FL 32082	Mailing Address 112 HARBOURMASTER CT. PONTE VEDRA BEACH FL 32082
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0015620	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
BIRK, JOHN R 112 HARBOURMASTER CT. PONTE VEDRA BEACH FL 32082	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">MGRM BIRK, JOHN R 112 HARBOURMASTER COURT PONTE VEDRA BEACH FL 32082</td> <td style="text-align: right; vertical-align: top;"><input type="checkbox"/> Delete</td> </tr> </table>	MGRM BIRK, JOHN R 112 HARBOURMASTER COURT PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES			
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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: John R Birk **JOHN R BIRK** 1/28/05 904-273-7819

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