


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000016355**

1. Entity Name  
**ROCKY MOUNTAIN, LLC**



Principal Place of Business <b>105 CUELLO CT          UNIT #202          PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>105 CUELLO CT          UNIT # 202          PONTE VEDRA BEACH, FL 32082</b>
---	--



01032008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0015620</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BIRK, JOHN R  
 105 CUELLO CT  
 UNIT #202  
 PONTE VEDRA BEACH, FL 32082**

**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**

U000000775783  
 01/08/08-80043-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIRK, JOHN R 105 CUELLO CT UNIT # 202 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRK, SUSAN A 105 CUELLO CT UNIT # 202 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 *John R Birk* **JOHN R BIRK** *1/4/08* **9046080257**  
Signature and typed or printed name of signing managing member, or authorized representative Date Daytime Phone #