## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000020943

110 EAST 59TH ST

NEW YORK, NY 10022

Address:

City-St-Zip:

Entity Name: ROC-LAKEWORTH ASSOCIATES, LLC

FILED Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O THE OLNICK ORGANIZATION, INC. 110 EAST 59TH ST. - 20TH FLOOR NEW YORK, NY 10022 **Current Mailing Address: New Mailing Address:** C/O THE OLNICK ORGANIZATION, INC. 110 EAST 59TH ST. - 20TH FLOOR NEW YORK, NY 10022 FEI Number: 20-0587118 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SIMON, BRUCE Name: Name: 110 EAST 59TH ST Address: Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LANE, RICHARD S Name: Address: 110 EAST 59TH ST Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition RUBLER, NEIL Name: OLNICK, SYLVIA Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

110 EAST 59TH ST

NEW YORK, NY 10022

SIGNATURE: BRUCE SIMON MGR 04/25/2008