2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000022926

1. Entity Name
ROCK SOLID RIP RAP LLC

Principal Place of Business	Mailing Address
15880 SUMMERLIN RD #300 PMB 318 FORT MYERS, FL 33908	15880 SUMMERLIN RD #300 PMB 318 FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

02012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
13-4256158
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LONG, JOHN K JR
1697 LAKESIDE TERRACE
N. FT. MYERS, FL 33903

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: John K Long Jr
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	D
NAME	SARTORIUS, LEE
STREET ADDRESS	7277 MAIDA LANE APT. 2-A
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	LONG, JOHN
STREET ADDRESS	1697 LAKESIDE TERRACE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
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	

000003433220
03/01/06 80037-020 50.00

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.

LEE R. SARTORIUS

SIGNATURE: Lee R. Sartorius 2-13-06 239-995-3889
239-481-5631
239-850-9536

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