FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90188 039 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026016

1. Entity Name
FOXY ROCKS LLC

20007390

02022006 Chg-LLC CR2E083 (11/05)

Principal Place of Business: ~~6921 NW 112 WAY PARKLAND, FL 33076~~ MOVED New Address

Mailing Address: ~~6921 NW 112 WAY PARKLAND, FL 33076~~ New Address

2. Principal Place of Business: 15857 ViVANCO Street
Suite, Apt. #, etc.
City & State: Delray Bch.
Zip: 33446 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 61-1453789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GELMAN, MARVIN
15857 VIVANCO ST
DELRAY BEACH, FL 33446

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 [signature]
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ELIAN, LANA 6921 NW 112 WAY PARKLAND, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. ELIAN, LANA 15857 ViVANCO Street Delray Beach Fla 33446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ELIAN, GILBERT 6921 NW 112 WAY PARKLAND, FL 33076	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lana Elian Mgr 02-08-06 954-701-5262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #