## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## DOCUMENT # L03000036101

GOLFROCK, LLC



**FILED** 

May 03, 2006 8:00 am Secretary of State

05-03-2006 90029 025 \*\*\*\*50.00

						CONT. TO					
Principal Place of Business 27911 CROWN LAKE BLVD. C/O PELICAN REALTY GROUP BONITA SPRINGS, FL 34135				Mailing Address 27911 CROWN LAKE BLVD. C/O PELICAN REALTY GROUP, INC. BONITA SPRINGS, FL 34135				I <b>41100</b> iyil <b>51</b> 111 <b>56</b> 111 <b>5</b>	 	BIIBI IIRN BBIBI IIB	861 HJ 9881
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04262006	Chg-LLC	CR2E	083 (11/05)	
City & State				City & State			4. FEI Numb			<u> </u>	plied For t Applicable
Zip Country			Zip Count		try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	itional	
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent				
GALVANO, RICHARD					Name						
27911 CROWN LAKE BLVD. C/O PELICAN REALTY GROUP, INC.				Street Address			s (P.O. Box Numb	per is Not Acceptab	le)		
BONITA SPRINGS, FL 34135					City				Zip Code		
						Ony			Fl	-   2.5 0000	' í
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE											
Filing Fee is \$50.00 Due by May 1, 2006								Make check payable to Florida Department of State			
9.	_	MANAGING ME	MBERS	/MANAGERS	10.			ADDITIONS	/CHANGE	S	1
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	TREET ADDRESS 27911 CROWN LAKE BLVD.					-ST-ZIP					
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11. I hereby certify that the information supplied with this filling 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 strustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE