2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000037610

1. Entity Name
ROCK SPRINGS INVESTMENTS, LLC

Principal Place of Business	Mailing Address
128 SOUTH HIGHLAND AVE. APOPKA, FL 32703	128 SOUTH HIGHLAND AVE. APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

04162007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
01-0802631		Not Applicable

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

6. Name and Address of Current Registered Agent

GASDICK, MICHAEL J
390 N. ORANGE AVE.
SUITE 260
ORLANDO, FL 32801

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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)   DATE

000000728911
05/08/07-80018-021 50.00

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HAKIM, GEORGE E JR
STREET ADDRESS	128 S. HIGHLAND AVE.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	MGRM
NAME	FLORIDA RESTAURANT OPERATIONS GROUP
STREET ADDRESS	128 S. HIGHLAND AVE.
CITY-ST-ZIP	APOPKA, FL 32703
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	

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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: X _George C. Hakim_ ____ George E Hakim Jr.   4/23/07   407-884-4980

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