2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000044975

R.O.C. PROPERTIES (FLORIDA), LLC



FILED Apr 17, 2006 08:00 AN **Secretary of State**

Principal Place of Business

3641 W KENNEDY BLVD, STE. A

TAMPA, FL 33609

Mailing Address

3641 W KENNEDY BLVD, STE. A TAMPA, FL 33609



DO NOT WRITE IN THIS SPACE

04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0405374 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J 601 BAYSHORE BLVD, STE 700 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of char- tions of registered agent. | iging its registered office or registered agent, or both, in the | e State of Florida. I am familiar with, and accept | |
|--|--|--|--|--|
| SIGNATURE. | Signature typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE | |
| Fi D | iling Fee is \$50.00 ue by May 1, 2006 | | at a factor | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOURSOME PROPERTIES, INC. 3641 W. KENNEDY BLVD. STE. A TAMPA, FL 33609 | 04/2 04/2 | 00000516119 9706-80237-015 50_00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | DO NO | T WRITE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME | | | | |

on supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 ecciver or trusted embowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information sindicated on this report is true and aclimited liability company or the received.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

サババンド

Daytime Phone #