

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055363

Entity Name: ROCKY COAST LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

50 PORTLAND PIER
PORTLAND, ME 04101

New Principal Place of Business:

50 PORTLAND PIER
STE 400
PORTLAND, ME 04101

Current Mailing Address:

50 PORTLAND PIER
PORTLAND, ME 04101

New Mailing Address:

50 PORTLAND PIER
STE 400
PORTLAND, ME 04101

FEI Number: 01-0515658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LABRIE, SUSAN K
Address: 50 PORTLAND PIER, SUITE 400
City-St-Zip: PORTLAND, ME 04101

Title: MGR () Delete
Name: COLPITTS, TODD W
Address: 50 PORTLAND PIER, SUITE 400
City-St-Zip: PORTLAND, ME 04101

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: WEST, THEODORE V
Address: 2901 S BAYSHORE DR, # 15B
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TODD W. COLPITTS

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date