

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90296 001 \*\*\*100.00

30005949



03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2443449 Applied For Not Applicable

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

DOCUMENT # L04000018709

1. Entity Name  
ROCK REAL ESTATE GROUP, LLC



Principal Place of Business  
7330 HARDING AVE., SUITE 1  
MIAMI BEACH, FL 33141

Mailing Address  
7330 HARDING AVE., SUITE 1  
MIAMI BEACH, FL 33141

2. Principal Place of Business  
7330 HARDING AVE  
Suite, Apt. #, etc.  
Suite 1A  
City & State  
Miami Beach FL  
Zip  
33141  
Country  
USA

3. Mailing Address  
7330 HARDING AVE  
Suite, Apt. #, etc.  
Suite 1A  
City & State  
Miami Beach FL  
Zip  
33141  
Country  
USA

6. Name and Address of Current Registered Agent  
ROCK, ARLENE  
7330 HARDING AVE., SUITE 1  
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent  
Name  
ARLENE ROCK  
Street Address (P.O. Box Number is Not Acceptable)  
7330 HARDING AVE  
Suite 1A  
City  
Miami Beach FL Zip Code  
33141

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 Arlene Rock DATE 3/30/06

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ROCK, ARLENE 7330 HARDING AVE., SUITE 1 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rock Arlene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7330 HARDING AVE SUITE 1A MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Arlene Rock DATE 3/30/06 DAYTIME PHONE # 305.494.4400

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