2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000028523

1. Entity Name
ROCKY FORD, LLC

Principal Place of Business	Mailing Address
401 EAST LAS OLAS BLVD., #2200 FORT LAUDERDALE, FL 33301	401 EAST LAS OLAS BLVD., #2200 FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

04032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-0668182	Not Applicable

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

6. Name and Address of Current Registered Agent

PUCK, ROBERT J
401 EAST LAS OLAS BLVD., #2200
FORT LAUDERDALE, FL 33301

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FLORMAN FAMILY FOUNDATION, INC.
STREET ADDRESS	401 EAST LAS OLAS BLVD., #2200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/02/07-80122-008 50.00

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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.

Shelley Marciano, Treasurer, Florman Family Foundation

SIGNATURE: _Shelley Marciano_   4-3-07   954-713-0866

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