## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000028523

1. Entity Name ROCKY FORD, LLC



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

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

Mailing Address

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



04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0668182	<del></del>	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

8. The above the obligation	enamed entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the	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
File After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		00000930875  21708-80127-003  138.75
TITLE NAME STREET ADDRESS	MGRM FLORMAN FAMILY FOUNDATION, INC. 401 EAST LAS OLAS BLVD., #2200	. 05/2	21/08-80127-003, 138, 75
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		A Marine Salah
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

, Treasure of the Managing member

4-22-08

954-713-0866

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

Daytime Phone #