

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040978

FILED
Jan 15, 2008
Secretary of State

Entity Name: ROCK BROWN INVESTMENTS, LLC

Current Principal Place of Business:

60 EDGEWATER DR.
UNIT 12-F
CORAL GABLES, FL 33133

New Principal Place of Business:

3201 NE 183RD STREET
UNIT 1106
AVENTURA, FL 33160

Current Mailing Address:

60 EDGEWATER DR.
UNIT 12-F
CORAL GABLES, FL 33133

New Mailing Address:

3201 NE 183RD STREET
UNIT 1106
AVENTURA, FL 33160

FEI Number: 20-6593132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISALES & JACOBS, LLP
1911 HARRISON STREET
HOLLYWOOD, FL 33020 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: MGRM () Delete
Name: BROWN, TERRI
Address: 60 EDGEWATER DR UNIT 12F
City-St-Zip: CORAL GABLES, FL 33133

Title: MGRM () Delete
Name: ROCK, ALAN
Address: 60 EDGEWATER DR UNIT 12F
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, TERRI
Address: 3201 NE 183RD STREET
City-St-Zip: AVENTURA, FL 33160

Title: MGRM (X) Change () Addition
Name: ROCK, ALAN
Address: 3201 NE 183RD STREET
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: TERRI BROWN

MS

01/15/2008

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