2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# L04000048362

Entity Name: ROCKER PROPERTIES, LLC

Current Principal Place of Business:

2841 ALOMA LAKE RUN
OVIEDO, FL 32765 US

New Principal Place of Business:

1204 CRABAPPLE CT
JACKSONVILLE, FL 32259 US

Current Mailing Address:

2841 ALOMA LAKE RUN
OVIEDO, FL 32765 US

New Mailing Address:

1204 CRABAPPLE CT
JACKSONVILLE, FL 32259 US

FEI Number: 52-2447734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCKER, CHIP
2841 ALOMA LAKE RUN
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

ROCKER, CHIP
1204 CRABAPPLE CT
JACKSONVILLE, FL 32259 US

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: _____ 01/12/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROCKER, CHIP
Address: 2841 ALOMA LAKE RUN
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM ( ) Delete
Name: ROCKER, KRISTIN
Address: 2841 ALOMA LAKE RUN
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROCKER, CHIP
Address: 1204 CRABAPPLE CT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM (X) Change ( ) Addition
Name: ROCKER, KRISTIN
Address: 1204 CRABAPPLE CT
City-St-Zip: JACKSONVILLE, FL 32259

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: CHIP ROCKER MGMR 01/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date