


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000050428**

1. Entity Name  
**ROFINE L.L.C.**



Principal Place of Business <b>435 S. RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH FL 32114</b>	Mailing Address <b>435 S. RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH FL 32114</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

1st MOORE CR2E083 (10/05)

4. FEI Number <b>55-0877554</b>	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required		

5. Name and Address of Current Registered Agent <b>ROOY, PAUL S 435 S. RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH FL 32114</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <span style="float: right;"><b>FL</b> Zip Code</span>

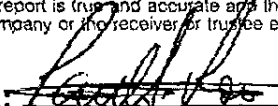
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

8. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTFINE, MARY L	NAME	
STREET ADDRESS	435 S. RIDGEWOOD AVENUE, SUITE 200	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	CITY - ST - ZIP	
<p style="text-align: right;">U00000500439 04/25/06-80022-007 50.00</p>			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOY, PAUL S	NAME	
STREET ADDRESS	435 S. RIDGEWOOD AVENUE, SUITE 200	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Paul S. Rooy** Manager 4/7/06 (386)258-5008