


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000050428 1. Entity Name ROFINE L.L.C.	
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Principal Place of Business 435 S. RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH FL 32114	Mailing Address 435 S. RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH FL 32114
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 55-0877554	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ROOY, PAUL S 435 S. RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME	MGR LIGHTFINE, MARY L 435 S. RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000723303 05/02/07-80065-024 50.00
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGR ROOY, PAUL S 435 S. RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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 4/20/07 386 258 5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #