

- 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90046 029 ****50.00

DOCUMENT # L04000078290	
1. Entity Name ROCK SPRINGS RIDGE HOLDING COMPANY, LLC	

Principal Place of Business 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804	Mailing Address 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1847136	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONANT, ELIZABETH
 401 W. COLONIAL DRIVE, SUITE 7
 ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name William H. MacArthur
 Street Address (P.O. Box Number is Not Acceptable) 401 W. Colonial Dr., Ste 7
 City Orlando FL Zip Code 32804

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 x William H. MacArthur William H. MacArthur 4-27-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOC APOPKA, INC. 401 W. COLONIAL DR., SUITE 7 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: x William H. MacArthur William H. MacArthur 4-27-06 (407) 425-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #