

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90003 005 \*\*\*\*55.00

<b>DOCUMENT # L04000080786</b>					
<b>1. Entity Name</b> ROCKING B RANCH, LLC					
<b>Principal Place of Business</b> 5049 NORTH HIGHWAY A1A, #505 FORT PIERCE, FL 34949			<b>Mailing Address</b> 5049 NORTH HIGHWAY A1A, #505 FORT PIERCE, FL 34949		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06302005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 51-0530576				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
R.N. KOBLEGARD, III, ESQUIRE 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950			Name <b>ELIE J. BOUDREAU X III</b> Street Address (P.O. Box Number is Not Acceptable) <b>5049 N. HWY A1A # 505</b> City <b>FORT PIERCE</b> <b>FL</b> Zip Code <b>34949</b>		
<b>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.</b>					
SIGNATURE <u><i>Elie J. Boudreau</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>6/30/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUDREAU, ELIE J III 5049 NORTH HIGHWAY A1A, #505 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUDREAU, DOLLY D 5049 NORTH HIGHWAY A1A, #505 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>			SIGNATURE: <u><i>Elie J. Boudreau</i></u> <b>ELIE J. BOUDREAU X III</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>6/30/05</b> Daytime Phone # <b>772-464-3690</b>		