


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90270 007 \*\*\*\*55.00

<b>DOCUMENT # L04000080786</b> 1. Entity Name <b>ROCKING B RANCH, LLC</b>	
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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>
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**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>51-0530576</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BOUDREAUX, ELIE J III 5049 N HWY A1A, # 505 FORT PIERCE, FL 34949</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

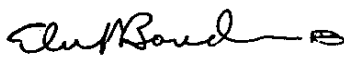
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUDREAUX, ELIE J III 5049 NORTH HIGHWAY A1A, #505 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUDREAUX, DOLLY D 5049 NORTH HIGHWAY A1A, #505 FORT PIERCE, FL 34949
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** 

**3/20/06**

**772-464-3690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #