
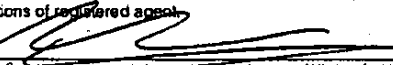
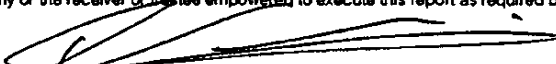


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90074 003 \*\*\*\*50.00

<b>DOCUMENT # L04000082252</b> 1. Entity Name <b>ROLAND LLC.</b>			
Principal Place of Business <b>3144 SHERIDAN AVE.          MIAMI BEACH FL 33140</b>		Mailing Address <b>3144 SHERIDAN AVE.          MIAMI BEACH FL 33140</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent <b>BARTHE &amp; LEIGH LLP          2455 E. SUNRISE BLVD.          602          FORT LAUDERDALE FL 33304</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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:  DATE: <b>02/15/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b> NAME <b>VOLOT, KAREL</b> STREET ADDRESS <b>3144 SHERIDAN AVE.</b> CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>	<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 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 606, Florida Statutes. SIGNATURE:  DATE: <b>02/15/05</b> <small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small>			