

FILED
May 24, 2007 8:00 am
Secretary of State

47.

04-27-2007 90035 023 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000084487			
1. Entity Name RED ROCK DEVELOPMENT, LLC			
Principal Place of Business 951 SOUTHWEST 4TH AVENUE BOCA RATON, FL 33432		Mailing Address 951 SOUTHWEST 4TH AVENUE BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04242007 Chg-LLC CR2E083 (12/08)		Applied For ☒ APPLIED FOR Not Applicable ☐	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent BLAKESBERG, JON D 951 SOUTHWEST 4TH AVENUE BOCA RATON, FL 33432			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title of applicant. (MC 7: Registered Agent signature required when not using) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 included 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF DECLARING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 5/21/07 Declarant Phone: 561 2135402	

Apr 24 07 12:07p