

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90149 031 ****50.00

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DOCUMENT # L05000009110 1. Entity Name ROCKEFELLER INTERNATIONAL, LLC					
Principal Place of Business 109 OAKLAND HILLS DR NAPLES, FL 34113			Mailing Address 109 OAKLAND HILLS DR NAPLES, FL 34113		
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 83-0418775	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMICK, MICHAEL 1725 CRAYTON ROAD NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM MCCORMICK, MICHAEL 1725 CRAYTON ROAD NAPLES, FL 34102	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M2 REAL ESTATE HOLDINGS, LLC 1725 CRAYTON ROAD NAPLES, FL 34102	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>			
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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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: </div> <div style="width: 40%; text-align: center;"> Michael McCormick <small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small> </div> <div style="width: 15%; text-align: right;"> 239 774-4050 1/18/07 <small>Date Daytime Phone #</small> </div> </div>					