

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000032613

1. Entity Name
ROCK CREEK HOLDINGS, LLC



Principal Place of Business
**206 INDUSTRIAL DRIVE
GLASGOW, KY 42141**

Mailing Address
**PO BOX 1598
GLASGOW, KY 42142**



02282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OATES, MARC F ESQ.
5515 BRYSON DRIVE
SUITE 502
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METCALF, MICHAEL H 299 MEL JEN DRIVE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERNATIONAL INVESTMENTS, INC. 206 INDUSTRIAL DRIVE GLASGOW, KY 42141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, GARY P.O. BOX 122 EDMONTON, KY 42129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/07-80129-011 50.00

**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:

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

4-26-07

Date

239-594-7180

Daytime Phone #