

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036360

FILED
Jan 05, 2006
Secretary of State

Entity Name: ROCKFILL PROPERTIES LLC

Current Principal Place of Business:

4801 LINTON BLVD.
SUITE 11A #643
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4801 LINTON BLVD.
SUITE 11A #643
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 54-2171104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASALE, DONATO W
4801 LINTON BLVD.
SUITE 11A #643
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASALE, DONATO W
Address: 4801 LINTON BLVD., SUITE 11A #643
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR () Delete
Name: PITOCHELLI, RONALD
Address: 6291 VIA VENETIA NORTH
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGR () Delete
Name: CONLON, JAMES L
Address: 70 SHEPARD STREET
City-St-Zip: LAWRENCE, MA 01843 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONATO W. CASALE

MGRM

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date