


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # L05000038106 1. Entity Name BROCK FUND NO. 1, LLC	
--	---

Principal Place of Business 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	Mailing Address 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
---	---

DO NOT WRITE IN THIS SPACE



03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0553871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
--

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 BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BROCK, ANDREWS 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>U000000692389 04/13/07-80049-020 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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:  **Peter Brock** **3/23/07** **561-684-7040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #