

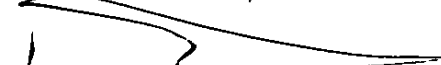


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90042 018 \*\*\*138.75

<b>DOCUMENT # L05000038106</b> 1. Entity Name <b>BROCK FUND NO. 1, LLC</b>			
Principal Place of Business <b>1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401</b>		Mailing Address <b>1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401</b>	
2. Principal Place of Business - No P.O. Box # <b>4650 Donald Ross Rd.</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Palm Beach Gardens, FL</b> Zip <b>33418</b>		3. Mailing Address <b>4650 Donald Ross Rd.</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Palm Beach Gardens, FL</b> Zip <b>33418</b>	
4. FEI Number <b>03-0553871</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02282008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Brock, Peter</b> Street Address (P.O. Box Number is Not Acceptable) <b>4650 Donald Ross Rd.</b> <b>Suite 200</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>	
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  DATE <b>4/3/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>MGRM BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>4650 Donald Ross Rd Suite 200 Palm Beach Gardens, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>MGRM BROCK, ANDREWS 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>4650 Donald Ross Rd. Suite 200 Palm Beach Gardens, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		DATE <b>4/3/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	