

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050070

FILED
May 04, 2006
Secretary of State

Entity Name: RIVER ROCK PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

225 BAYFRONT DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

9166 ESTERO RIVER CIRCLE
ESTERO, FL 33928

Current Mailing Address:

225 BAYFRONT DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

9166 ESTERO RIVER CIRCLE
ESTERO, FL 33928

FEI Number: 20-2873834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHANDLER, CURTIS R
225 BAYFRONT DRIVE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

CHANDLER, CURTIS R MGR
9166 ESTERO RIVER CIRCLE
ESTERO, FL 33928 US

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: CURTIS CHANDLER

05/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHANDLER, CURTIS R
Address: 225 BAYFRONT DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHANDLER CAPITAL MAN, AGEMENT, LTD
Address: 9166 ESTERO RIVER CIRCLE
City-St-Zip: ESTERO, FL 33928

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: CURTIS CHANDLER

MGR

05/04/2006

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