## 2007 LIMITED LIABILITY COMPANY

## FILED **ANNUAL REPORT** Apr 06, 2007 08:00 A Secretary of State **DOCUMENT # L05000052107** 1. Entity Name ROCKVILLE PLAZA, LLC. Principal Place of Business Mailing Address 2110 DREW STREET 2110 DREW STREET CLEARWATER, FL 33765 CLEARWATER, FL 33765 01142007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2900511 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAKRIS, PETER DO NOT WRITE 2110 DREW STREET CLEARWATER, FL 33765 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS **MGRM** TITLE MAKRIS, PETER NAME U000000693172 2110 DREW STREET STREET ADDRESS 04/16/07-80029-008 50.00 CITY-ST-ZIP CLEARWATER, FL 33765 **MGRM** MAKRIS, JIMMY NAME STREET ADDRESS 2110 DREW STREET CITY-ST-ZIP CLEARWATER, FL 33765 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CUTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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:

BITLE NAME STREET ADDRESS CITY-ST-ZIP