

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059680

FILED
Apr 25, 2006
Secretary of State

Entity Name: PRIDE ROCK INVESTMENTS, LLC

Current Principal Place of Business:

15100 N.W. 67TH AVE.
SUITE 210
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15100 N.W. 67TH AVE.
SUITE 210
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-3085339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXTER, JEFFREY L
15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

GARCIA, A J
15100 N.W. 67TH AVENUE
SUITE 210
MIAMI LAKES, FL 33014 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: A J GARCIA

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, A.J.
Address: 15500 NEW BARN ROAD, SUITE 207
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: CARRILLO, GUILLERMO JR.
Address: 15500 NEW BARN ROAD, SUITE 207
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, A.J.
Address: 15100 N.W. 67TH AVENUE SUITE 210
City-St-Zip: MIAMI LAKES, FL 33014

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: GERARDO SUAREZ

CFO

04/25/2006

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