

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2009

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN -9 PM 1:57

**DOCUMENT # L05000061188**

1. Entity Name  
**ROCKFORD DEVELOPMENT GROUP, LLC**



Principal Place of Business  
**1758 SE LARK LN  
NAVARRE, FL 32566**

Mailing Address  
**P.O. BOX 5715  
NAVARRE FL 32566  
US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State  
Zip Country

4. FEI Number **NO-T APPLICABLE**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROCKFORD TRUST  
1758 SE LARK LANE  
NAVARRE FL 32566**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering)  
Signature, typed or printed name of registered agent and Title if applicable DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2009, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 8. MANAGING MEMBERS/MANAGERS                       |                                                                                                                 | 10. ADDITIONS/CHANGES                              |                                                                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>KOBE, GREGORY A TRUSTEE<br>P.O. BOX 5715<br>NAVARRE FL 32566 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Rockford Trust<br>P.O. Box 5224<br>Navarre, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 200156791682<br>06/04/09--01020--023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 200156791682<br>06/04/09--01020--023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: GREGORY A KOBE 6/10/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date