


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000071955**  
 1. Entity Name  
**AYRES ROCK GP, LLC**



Principal Place of Business <b>3050 MICHIGAN AVENUE KISSIMMEE, FL 34744</b>	Mailing Address <b>3050 MICHIGAN AVENUE KISSIMMEE, FL 34744</b>
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**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>55-0901666</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**LAREA & ORTEGA  
 150 ALHAMBRA CIRCLE, SUITE 950  
 CORAL GABLES, FL 33134**

**DO NOT WRITE 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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000843898  
 03/12/08-80014-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVALON ROAD PROPERTIES, LLC 3050 MICHIGAN AVENUE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEESHA SERVICES, CORP. AKARA BUILDING, 24 DE CASTRO STREET ROAD TOWN, TORTOLA, BVI,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **PAUL OXLEY** **FEB 26, 08** **407 518 7433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #