

✓ **2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2006 8:00 am
Secretary of State

02-24-2006 90245 022 ****55.00

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DOCUMENT # L05000095912					
1. Entity Name ROOF DECKS LLC					
Principal Place of Business 1514 BERNITA ST JACKSONVILLE, FL 32211			Mailing Address 1514 BERNITA ST JACKSONVILLE, FL 32211		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1258808				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARBER, JOHN W III 1514 BERNITA ST JACKSONVILLE, FL 32211			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Makes check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARBER, JOHN W III 1514 BERNITA ST JACKSONVILLE, FL 32211 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
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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 John W. Barber, III, Managing Member 2/21/06



ATTACHMENT

300/2293

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2006

ROOF DECKS LLC
1514 BERNITA ST
JACKSONVILLE, FL 32211

Subject: ROOF DECKS LLC

Reference Number: L05000095912

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION

7/24/06
Corrected As Requested &
Returned Herewith
JB