

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109025

Entity Name: ROKA DEVELOPMENT GROUP LLC

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

23110 STATE RD 54
STE 314
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

23110 STATE RD 54
STE 314
LUTZ, FL 33549

New Mailing Address:

FEI Number: 20-3739192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, WALTER
23110 STATE RD 54
STE 314
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIM, JULIE
Address: 23110 STATE RD 54 STE 314
City-St-Zip: LUTZ, FL 33549

Title: MGRM () Delete
Name: KIM, JOE
Address: 23110 STATE RD 54 STE 314
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIM, JULIE
Address: 23110 STATE RD 54 STE 314
City-St-Zip: LUTZ, FL 33549

Title: MGR (X) Change () Addition
Name: KIM, JOE
Address: 23110 STATE RD 54 STE 314
City-St-Zip: LUTZ, FL 33549

Title: MGR () Change (X) Addition
Name: PEREZ, WALTER
Address: 1134 ANOLAS WAY
City-St-Zip: LUTZ, FL 33548

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: WALTER PEREZ

MGR

01/17/2006

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