



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90035 011 ****50.00

DOCUMENT # L05000116202					
1. Entity Name LA ROCA INVESTMENT LLC					
Principal Place of Business 926 SUMTER ROAD EAST WEST PALM BEACH, FL 33415			Mailing Address 926 SUMTER ROAD EAST WEST PALM BEACH, FL 33415		
2. Principal Place of Business 405 MONTE TRAIL Suite, Apt. #, etc.		3. Mailing Address 405 Monte Trail Suite, Apt. #, etc.			
City & State West Palm Beach FL		City & State West Palm Beach FL		05012006 Chg-LLC CR2E083 (11/05)	
Zip 33415		Country U.S.A.		4. FEI Number 20-3885096	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SALGADO, ARMANDO 926 SUMTER ROAD EAST WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name: SALGADO, Armand Street Address (P.O. Box Number is Not Acceptable) 405 Monte Trail City: W.P.B. FL Zip Code: 33415		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALGADO, ARMANDO 926 SUMTER ROAD EAST WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALGADO, Armand 405 Monte Trail West Palm Beach, FL 33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALGADO, EUGENIA 926 SUMTER ROAD EAST WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALGADO, MARIA E 405 Monte Trail West Palm Beach FL 33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: <i>y Maria E. Salgado</i>			x 4-28-06 x (561) 688-2234		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		