


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90089 024 ***138.75

DOCUMENT # L06000009889

1. Entity Name
ROCK POINT, LLC



Principal Place of Business Mailing Address
3893 MANNIX DRIVE **732 TETON CT**
#521 **NAPLES FL 34104**
NAPLES FL 34114



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3893 MANNIX DRIVE **1184 10th AVE. N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
521

1st MOORE CR2E083 (10/07)

City & State City & State
NAPLES, FL. **NAPLES FL.**
 Zip Country Zip Country
34114 **COLLIER** **34102** **COLLIER**

4. FEI Number Applied For
20-4212554 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
PARSONS, DAVID H
732 TETON COURT
NAPLES FL 34104

7. Name and Address of New Registered Agent
 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: Mary J Parsons DATE: 1/30/08
Signature, typed or printed name of registered agent unless otherwise indicated. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PARSONS, DAVID H 732 TETON COURT NAPLES FL 34104 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PARSONS, DAVID H. 1184 10th AVE. N. NAPLES, FL. 34102 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: Mary J Parsons DATE: 1/30/08 Daytona Phone # 239-403-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE