2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# L06000020439

Entity Name: ROL 4900 BLDG., LLC

Current Principal Place of Business:

840 NE 20TH AVENUE
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

840 NE 20TH AVENUE
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-4357042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELL, R.O.
840 NE 20TH AVENUE
FT. LAUDERDALE, FL 33304 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: MGRM ( ) Delete
Name: BONE, DAVID D ESQ.
Address: 100 WALLACE AVENUE, STE. 100
City-St-Zip: SARASOTA, FL 34237

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LOVELL, ROSE ANN
Address: 840 NE 20TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: VDT ( ) Change (X) Addition
Name: LOVELL, H B
Address: 840 NE 20TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: AS ( ) Change (X) Addition
Name: LOVELL, H B
Address: 840 NE 20TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33304 US

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: ROSE ANN LOVELL-DEVERT MGRM 02/22/2007

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