

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90013 017 \*\*\*138.75

**DOCUMENT # L06000021697**

1. Entity Name  
**ROCKNY REALTY CEDAR HILL, LLC**



Principal Place of Business  
**13190 ALHAMBRA LAKE CIRCLE  
DELRAY BEACH, FL 33446**

Mailing Address  
**13190 ALHAMBRA LAKE CIRCLE  
DELRAY BEACH, FL 33446**

**00000000**



01292008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3777866**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MANN & WOLF, LLP  
55 N.E. 5TH AVENUE  
SUITE 500  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR **Rockny Realty Management LLC**  
NAME **MUSINGER, GILBERT**  
STREET ADDRESS **13190 ALHAMBRA LAKE CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE MGR  
NAME **MUSINGER, ROCHELLE**  
STREET ADDRESS **13190 ALHAMBRA LAKE CIR**  
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: **Gilbert Musinger**

**4/29/08**

**561-496-0688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Gilbert Musinger**