

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-29-2008 90013 016 \*\*\*138.75

<b>DOCUMENT # L06000021704</b> 1. Entity Name <b>ROCKNY REALTY HIGH AVENUE, LLC</b>	
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Principal Place of Business <b>13190 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33432</b>	Mailing Address <b>13190 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33432</b>
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>11-3777866</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Rockny Realty Management LLC MUSINGER, GILBERT 13190 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MUSINGER, ROCHELLE 1390 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446</b>
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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 4/29/08 561-496-0698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Gilbert Musinger