

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-29-2008 90013 015 \*\*\*138.75

**DOCUMENT # L06000021723**

1. Entity Name

ROCKNY REALTY TAPPAN, LLC



Principal Place of Business

13190 ALHAMBRA LAKE CIRCLE  
DELRAY BEACH, FL 33446

Mailing Address

13190 ALHAMBRA LAKE CIRCLE  
DELRAY BEACH, FL 33446



01292008 No 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 AVE  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~MGR~~  
~~MUSINGER, ROCHELLE~~  
~~13190 ALHAMBRA LAKE CIRCLE~~  
~~DELRAY BEACH, FL 33446~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
~~MUSINGER, GILBERT~~ *Rockny Realty Management LLC*  
13190 ALHAMBRA LAKE CIRCLE  
DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone

*Gilbert Musinger*

*4/29/09*

*561-496-0658*