


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90333 047 ***138.75

DOCUMENT # L06000027275 1. Entity Name ROCKLEDGE COMMERCIAL CENTER, L.L.C.	
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Principal Place of Business 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955	Mailing Address 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE



03052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-2610725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAFFIOT, ROBERT R
 1802 SOUTH FISKE BLVD., SUITE 101
 ROCKLEDGE, FL 32955

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CHAFFIOT, ROBERT R 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHAFFIOT, MARK K 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  Date: 3-5-08 Daytime Phone #: 221-632-3444

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