

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90075 009 \*\*\*\*50.00

<b>DOCUMENT # L06000030186</b>			
1. Entity Name ROA, LLC			
Principal Place of Business P.O. BOX 20755 BRADENTON, FL 34204		Mailing Address P.O. BOX 20755 BRADENTON, FL 34204	
2. Principal Place of Business - No P.O. Box # 4455 ST RD 64 E		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRADENTON FL		City & State	
Zip 34208	Country US	Zip	Country
6. Name and Address of Current Registered Agent MORAN, JOHN A 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236		4. FEI Number 20-5180057	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent		04272007 Chg-LLC CR2E083 (12/06)	
Name ROBERT D. CROSS			
Street Address (P.O. Box Number is Not Acceptable) 4455 ST RD 64 E			
City BRADENTON		FL	Zip Code 34208
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR ROBERT D CROSS 4455 ST RD 64 E BRADENTON FL 34208	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			