



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L06000030186 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.		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			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					