

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-29-2008 90013 014 ***138.75

DOCUMENT # L06000042534

1. Entity Name
ROCKNY REALTY MANAGEMENT, LLC



Principal Place of Business
**13190 ALHAMBRA LAKE CIRCLE
DELRAY BEACH, FL 33446**

Mailing Address
**13190 ALHAMBRA LAKE CIRCLE
DELRAY BEACH, FL 33446**

50006237



01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3777870	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

**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
**MGRM
MUSINGER, GILBERT
13190 ALHAMBRA LAKE CIRCLE
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MUSINGER, ROSEHELLE
~~13190 ALHAMBRA LAKE CIR~~
~~DELRAY BEACH, FL 33446~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/29/08
Date

561-496-0654
Daytime Phone #

Gilbert Musinger