2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 17, 2007 8:00 am
Secretary of State

03-12-2007 90484 018 ****50.00

1st MOORE CR2E083 (10/06)

DOCUMENT # L06000058943

1. Entity Name

SOLID ROCK 3601 INVESTMENTS LLC

Principal Place of Business	Mailing Address
3601 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	3601 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. BOX 70674
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FT. LAUDERDALE, FLA.
Zip / Country	Zip: 33307 / Country: U.S.A.

4. FEI Number 20-5864290 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISMAN, DAVID
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUGERE, ANTHONY 3601 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X Anthony Fugere 3-2-07 954-568-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #