


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-12-2007 90484 017 ****50.00


DOCUMENT # L06000058953	
1. Entity Name SOLID ROCK 4047 INVESTMENTS LLC	

Principal Place of Business 3601 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	Mailing Address 3601 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 70674 Suite, Apt. #, etc.
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City & State FT LAUDERDALE, FLA	City & State FT LAUDERDALE, FLA
Zip 33307	Country U.S.A.

6. Name and Address of Current Registered Agent WEISMAN, DAVID 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE FL 33309	
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3001179

1st MOORE CR2E083 (10/06)

4. FEI Number 27-0146062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when representing)
Signature, typed or printed name of registered agent and who is applicable DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input 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 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:  **3-2-07 954-568-4407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date (Optional Phone #)