2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L06000058953

Entity Name: SOLID ROCK 4047 INVESTMENTS LLC

Current Principal Place of Business:

3601 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

PO BOX 70674
FORT LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 27-0146062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FUGERE, ANTHONY
Address: 3601 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRA ( ) Delete
Name: NOTCHIE, TAMMY L
Address: PO BOX 70674
City-St-Zip: FORT LAUDERDALE, FL 33307

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FUGERE, ANTHONY
Address: PO BOX 70674
City-St-Zip: FORT LAUDERDALE, FL 33307

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: NOTCHIE, JOSEPH
Address: PO BOX 70674
City-St-Zip: FT LAUDERDALE, FL 33307

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY FUGERE MGR 02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date