

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000060613

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** THE ROOKERY GROUP, LLC

**Current Principal Place of Business:**

26651 ROOKERY LAKE DRIVE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26651 ROOKERY LAKE DRIVE  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 51-0588307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONG, JR., BERNARD J  
26651 ROOKERY LAKE DRIVE  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

LONG, BERNARD J JR  
26651 ROOKERY LAKE DRIVE  
BONITA SPRINGS, FL 34134 US

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: BERNRD J. LONG, JR

01/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AKITT, JOHN E  
Address: 26911 WYNDHURST CT.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MR.  
Name: LONG, BERNARD J JR.  
Address: 26651 ROOKERY LAKE DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MR.  
Name: POST, THOMAS S  
Address: 26690 ROOKERY LAKE DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MR.  
Name: POTTER, ROBERT G  
Address: 8 MUIRFIELD LANE  
City-St-Zip: ST. LOUIS, MO 63141

Title: MR.  
Name: SATRUM, JERRY  
Address: 545 OLD COBBLESTONE DRIVE  
City-St-Zip: ATLANTA, GA 30350

I hereby 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: JOHN E. AKITT

MR.

01/30/2012

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