## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L06000065181** 

1. Entity Name

ROCHELLE HOLDINGS X, LLC



Principal Place of Business Mailing Address

1900 SUMMIT TOWER BLVD., STE. 820 ORLANDO, FL 32810

1900 SUMMIT TOWER BLVD., STE. 820 ORLANDO, FL 32810

FILED Apr 30, 2008 08:00 AM Secretary of State



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number				Applied For
03-0597603		[		Not Applicable
5. Certificate of Status Desired	כ	\$5.0	0 ,	Additional

6. Name and Address of Current Registered Agent

PAYNE, CONNIE JO 1900 SUMMIT TOWER BLVD., STE. 820 ORLANDO, FL 32810

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
	named entity submits this statement for the purpose of changing its registerions of registered agent.	Lead office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		ed Agent signaluro required when reinstating) [DATE].
FILE After May	: NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, CONNIE JO 1900 SUMMIT TOWER BLVD., STE, 820 ORLANDO, FL 32810	U00000935816 05/23/08-80087-012 138.75
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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 empayered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANASING MEMBER, OR AUTHORIZED REPRESENTA

4-28-08

407-875-3400

Daytime Phone #