

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106970

Entity Name: ROCK CREEK INDUSTRIES LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

5345 E IRLO BRONSON HWY
ST CLOUD, FL 34771

New Principal Place of Business:

1670 JAN LAN BLVD
ST CLOUD, FL 34772

Current Mailing Address:

5345 E IRLO BRONSON HWY
ST CLOUD, FL 34771

New Mailing Address:

1670 JAN LAN BLVD
ST CLOUD, FL 34772

FEI Number: 20-5831058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, MICHAEL
5345 E IROL BRONSON HWY
ST CLOUD, FL 34771 US

Name and Address of New Registered Agent:

WILSON, ABRAHAM
1670 JAN LAN BLVD
ST CLOUD, FL 34772 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: ABRAHAM WILSON

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSS, MICHAEL
Address: 5345 E. IRLO BRONSON HWY
City-St-Zip: ST CLOUD, FL 34771 US

Title: MGRM (X) Delete
Name: WILSON, ABRAHAM
Address: 5345 E. IRLO BRONSON HWY
City-St-Zip: ST CLOUD, FL 34771 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILSON, ABRAHAM
Address: 1670 JAN LAN BLVD
City-St-Zip: ST CLOUD, FL 34772 US

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

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: ABRAHAM WILSON

MGRM

04/27/2008

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