

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115814

FILED
Mar 11, 2008
Secretary of State

Entity Name: ROCKTOWN PROPERTIES, LLC

Current Principal Place of Business:

624 MOURNING DOVE DR
SARASOTA, FL 34236 FL

New Principal Place of Business:

511 INTERSTATE BLVD
SARASOTA, FL 34240 FL

Current Mailing Address:

P.O. BOX 20196
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 59-2256443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINGERICH, AARON
624 MOURNING DOVE DRIVE
SARASOTA, FL 34276 US

Name and Address of New Registered Agent:

GINGERICH, AARON
12612 DEACON'S PLACE
BRADENTON, FL 34202 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:

03/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GINGERICH, EDNA
Address: 624 MOURNING DOVE DR
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM () Delete
Name: GINGERICH, AARON
Address: 624 MOURNING DOVE DR.
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GINGERICH, EDNA
Address: 12612 DEACON'S PLACE
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM (X) Change () Addition
Name: GINGERICH, AARON
Address: 12612 DEACON'S PLACE
City-St-Zip: BRADENTON, FL 34202

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: EDNA GINGERICH

MGR

03/11/2008

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