


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90040 004 ****50.00

| | | | | | | |
|--|--------------------------------------|---------------------|--|--|---|--|
| DOCUMENT # L06000122216 1. Entity Name OAKWATER LANE 2, LLC | | | |  | | |
| Principal Place of Business 111 E. FAIRBANKS AVE., SUITE 100 WINTER PARK, FL 32789 | | | Mailing Address 111 E. FAIRBANKS AVE., SUITE 100 WINTER PARK, FL 32789 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent ZUCKERMAN, GREGG I 111 E. FAIRBANKS AVE., SUITE 100 WINTER PARK, FL 32789 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROCK PROPERTIES, INC. | | | NAME | | |
| STREET ADDRESS | 111 E. FAIRBANKS AVE., SUITE 100 | | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| 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 empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | |
| SIGNATURE:  | | | | 4/10/07 (407) 478-8220 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | | |