## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # L07000011841** 1. Entity Name SREŚ ROCK ALACHUA, LLC 04-14-2008 90221 024 \*\*\*138.75 Principal Place of Business Mailing Address 111 E. FAIRBANKS AVENUE, SUITE 100 111 E. FAIRBANKS AVENUE, SUITE 100 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 45-0550897 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZUCKERMAN, GREGG Street Address (P.O. Box Number is Not Acceptable) 111 E. FAIRBANKS AVENUE, SUITE 100 WINTER PARK, FL 32789 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ☐ Change Addition ROCK PROPERTIES, INC. NAME STREET ADDRESS 111 E. FAIRBANKS AVENUE, SUITE 100 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition SRES, LLC NAME STREET ADDRESS 3024-B COLONIAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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: G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**FILED**