

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029374

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** ROCKS MANAGEMENT & COMPANY, LLC

**Current Principal Place of Business:**

2650 NW 56TH AVENUE  
SUITE D103  
OAKLAND PARK, FL 33313 US

**New Principal Place of Business:**

7891 HOOD STREET  
HOLLYWOOD, FL 33024 US

**Current Mailing Address:**

PO BOX 245044  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

7891 HOOD STREET  
HOLLYWOOD, FL 33024 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROCKS MANAGEMENT  
2650 NW 56TH AVENUE  
SUITE D106  
OAKLAND PARK, FL 33313 US

**Name and Address of New Registered Agent:**

ALEXANDER, CRYSTAL  
7891 HOOD STREET  
HOLLYWOOD, FL 33024 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: CRYSTAL ALEXANDER

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAYES, KRYSTAL  
Address: 2650 NW 56 AVENUE  
City-St-Zip: OAKLAND PARK, FL 33313 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALEXANDER, CRYSTAL  
Address: 7891 HOOD STREET  
City-St-Zip: HOLLYWOOD, FL 33024 US

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: CRYSTAL ALEXANDER

MRS.

03/20/2009

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