


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90100 039 \*\*\*138.75

DOCUMENT # L07000094371	
1. Entity Name RED ROCK FINANCIAL LLC	

Principal Place of Business <del>4336 BRAUNTON ROAD</del> <del>COLUMBUS, OH 43220, US</del> 1455 Delbrook Way Marco Island, FL 34145	Mailing Address 4336 BRAUNTON ROAD COLUMBUS, OH 43220 US Marco Island, FL 34145
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60011586



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

01222008 Chg-LLC CR2E083 (12/06)

4. FEJ Number 74-3232733		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00. Additional Fee Required

6. Name and Address of Current Registered Agent WINTERHALTER, ROBERT <del>854 FAIRLAWN COURT</del> MARCO ISLAND, FL 34145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1455 Delbrook Way Marco Island FL Zip Code 34145
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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: Robert S Winterhalter DATE: 1/23/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINTERHALTER, DIANA <del>4336 BRAUNTON ROAD</del> <del>COLUMBUS, OH 43220</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1455 Delbrook Way MARO Island, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAY, ROBERT 96 MENDOTA AVENUE RYE, NY 10580	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert S Winterhalter DATE: 1/23/08 614 264 0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE