

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059352

Entity Name: RR ROCKY RIVER, LLC

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

240 PONTE VEDRA PARK DRIVE, SUITE 150
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

4230 PABLO PROFESSIONAL COURT
SUITE 200
JACKSONVILLE, FL 32224

Current Mailing Address:

240 PONTE VEDRA PARK DRIVE, SUITE 150
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

4230 PABLO PROFESSIONAL COURT
SUITE 200
JACKSONVILLE, FL 32224

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REZNICSEK, RICK M
240 PONTE VEDRA PARK DRIVE, SUITE 150
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

REZNICSEK, RICK M
4230 PABLO PROFESSIONAL COURT
SUITE 200
JACKSONVILLE, FL 32224 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: RICK M. REZNICSEK

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REZNICSEK, RICK M
Address: 240 PONTE VEDRA PARK DRIVE, SUITE 150
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REZNICSEK, RICK M
Address: 4230 PABLO PROFESSIONAL COURT, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32224

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: RICK M. REZNICSEK

MGR

02/12/2009

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