2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING MANAGING MEMBER, MANAGER, OR OUTHORIZED REPRESENTATIVE

DOCUMENT # L08000098108 2012 JUN 20 PM 1: 49 ROCK ENERGY, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7796 W. IRIO BRONSON MEMORIAL HWY. 740 N. RUSH STREET KISSIMMEE, FL 34747 SUITE 400 CHICAGO, IL 60611 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06142012 Chg-LLC CR2E083 (12/11) City & State City & State 4. FEI Number Applied For Not Applicable 26-3550843 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent APOSTOLOU, JOHN 7796 W. IRIO BRONSON MEMORIAL HWY. Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34747 Zip Code City 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. DATE Make check payable to PILE NOWIII FEE IS \$588.75 Due by September 28, 2012 Florida Department of State MANAGING MEMBERS/MANAGERS 0 ADDITIONS/CHANGES 10. TITLE MGR Delete TITLE Change Addition NAME APOSTOLOU, JOHN NAME STREET ADDRESS 740 N. RUSH STREET STREET ADDRESS CITY-ST-ZE CHICAGO, IL 60611 CITY-ST-ZIP TITL F ☐ Change Addition Delete TITLE NAME NAME 500236678305 06/21/12--01015--017 **13 STREET ADDRESS STREET ADDRESS **138.75 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mile Delete MLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 1M F ☐ Delete ☐ Change ☐ Addition TITLE 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 eath; 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.

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