

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120684

Entity Name: ROL DEVELOPERS II, LLC

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

13918 FOX GLOVE STREET  
WINTER GARDEN, FL 34787 US

## **New Principal Place of Business:**

13918 FOX GLOVE STREET  
C/O ELLIOTT JAMISON  
WINTER GARDEN, FL 34787 US

## **Current Mailing Address:**

13918 FOX GLOVE STREET  
WINTER GARDEN, FL 34787 US

## **New Mailing Address:**

13918 FOX GLOVE STREET  
C/O ELLIOTT JAMISON  
WINTER GARDEN, FL 34787 US

FEI Number: 27-4016965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAMISON, ELLIOTT  
13918 FOX GLOVE STREET  
WINTER GARDEN, FL 34787 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MALACHI 310, A DELAWARE LLC  
Address: 3500 SOUTH DUPONT HIGHWAY  
City-St-Zip: DOVER, DE 19901 US

Title: MGRM  
Name: MEDICAL DEVELOPERS, A DELAWARE LLC  
Address: 3500 SOUTH DUPONT HIGHWAY  
City-St-Zip: DOVER, DE 19901

I hereby 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: ELLIOTT JAMISON

MGRM

01/18/2011

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