


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #195000000309**

ROCKDALE PROPERTIES, L.C.
~~13924 SW 107 CT.~~
~~MIAMI FL 33176~~

1a. Principal Place of Business Address

~~13924 SW 107 CT.~~
~~MIAMI FL 33176~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 4486 SW BIMINI CIR. S Suite, Apt. #, etc.		2a. Mailing Address 4486 SW BIMINI CIR. S Suite, Apt. #, etc.		3. Date Organized or Qualified 04/17/1995		3a. State of Formation FL	
City & State PALM CITY, FL		City & State PALM CITY, FL		4. FEI Number 52-1926594		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34990	Country USA	Zip 34990	Country USA	5. Date of Last Report 04/29/1996		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$3.75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent MCMANUS, PETER D 13924 SW 107 CT. MIAMI FL 33176		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4486 SW BIMINI CIR. S Suite, Apt. #, etc. City PALM CITY Zip Code FL 34990	
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MCMANUS, WALTER L JR.	204 E. JOPPA RD., PH 3	TOWSON MD
			800002091788--8 -02/19/97--01049--004 ****203.75 ****203.75 <i>Walter L. McManus, Jr.</i> <i>2/17/97</i>

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Walter L. McManus, Jr.* **2/13/97** **410-825-7737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #