FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90697 039 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30068662

DOCUMENT # L96000001019

1. Entity Name
LANDROCK, L.C.

Principal Place of Business
4403 SUN VILLAGE BOULEVARD
KISSIMMEE, FL 34746

Mailing Address
4403 SUN VILLAGE BOULEVARD
KISSIMMEE, FL 34746

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0699128 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, MICHAEL A
SCHROEDER AND LARCHE, P.A.
SUITE 319-A, 2255 GLADES ROAD
BOCA RATON, FL 33431-7313

7. Name and Address of New Registered Agent

Name: Todd K. Norman, Esq.
Street Address (P.O. Box Number is Not Acceptable): 37 N. Orange Avenue
Suite 200
City: Orlando FL Zip Code: 32801

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: Attorney 4/28/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when signing) DATE

FILE NO WITH FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROCK INVESTMENT TRUST PLC	NAME	
STREET ADDRESS	29 EAST STREET	STREET ADDRESS	
CITY-ST-ZIP	READING BERUSHIRE ENGLAND, RG16Q11	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: W. Q. Jones W. Q. JONES 04/28/03 407 908 1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E003 (10/02)