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	Mailing Address
4403 SUN VILLAGE BOULEVARD KISSIMMEE, FL 34746	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	7. Name and Address of New Registered Agent
SCHROEDER, MICHAEL A SCHROEDER AND LARCHE, P.A. SUITE 319-A, 2255 GLADES ROAD BOCA RATON, FL 33431-7313	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: 32802

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

THE FILE NOW 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		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: [signature] W.O. Jones 04/28/03 407 908 1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #