

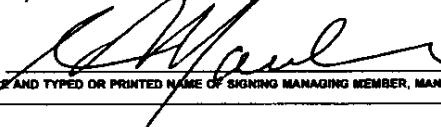


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90184 027 \*\*\*\*50.00

<b>DOCUMENT # L98000001481</b>			
1. Entity Name <b>ROECY HOUSE, L.C.</b>			
Principal Place of Business <b>549 BALLOUGH ROAD DAYTONA BEACH, FL 32114</b>		Mailing Address <del>549 BALLOUGH ROAD</del> <b>DAYTONA BEACH, FL 32114 32118</b>	
2. Principal Place of Business - No P.O. Box # <b>222-B Oakridge Blvd</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Daytona Beach</b>		Suite, Apt. #, etc. <b>222-B Oakridge Blvd</b>	
City & State <b>FL 3</b>		City & State	
Zip <b>32118</b>		Country <b>USA</b>	
4. FEI Number <b>59-3528730</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROSEANN M. JAVUREK 549 BALLOUGH ROAD DAYTONA BEACH, FL 32118</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>222-B OAKRIDGE BLVD</b> City <b>DAYTONA BEACH FL</b> Zip Code <b>32118</b>	
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 <b>ROSEANN M. JAVUREK</b>  DATE <b>4-9-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JAVUREK, ROSEANN 549 BALLOUGH ROAD DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>222-B OAKRIDGE BLVD DAYTONA BEACH, FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JAVUREK, CYRIL 1335 RIDGEWOOD AVENUE HOLLY HILL, FL 32117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.			
<b>SIGNATURE:</b> 		Date <b>4-9-07</b> 396 252 0141 Daytime Phone #	