


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000003479	
1. Entity Name ROCKWOOD/VINEYARD, L.L.C.	

Principal Place of Business 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32309	Mailing Address 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32309
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04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3555956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROCKWOOD, THOMSON W 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCKWOOD, THOMSON W 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCKWOOD, ELISABETH S 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32309
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<p>1100000304589 04/14/05-80050-007 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 603, Florida Statutes.

SIGNATURE: <i>Thomson W Rockwood</i>	Date: <i>4/13/05</i>	Daytime Phone #: <i>850536432 X129</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		