2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003479

1. Entity Nami

ROCKWOOD/VINEYARD, L.L.C.



FILED Feb 20, 2008 08:00 Al Secretary of State

Principal Place of Business

4018 KILMARTIN DRIVE TALLAHASSEE, FL 32309 Mailing Address

4018 KILMARTIN DRIVE TALLAHASSEE, FL 32309



DO NOT WRITE IN THIS SPACE

02042008 No Chg-LLC CR2E083 (12/07)

FEI Number			Applied For
59-3555956			Not Applicable
Codificate of Status Desired	\$5.0	10 /	Additional

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCKWOOD, THOMSON W 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32309

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	The above named entity submits this statement for the purpose of changi the obligations of registered agent.	ng its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
SI	GNATURE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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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02/28/08-80002-017 138.75

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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.

SIGNATURE:

URE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/18/08 850 539 64324,29