2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M01000002831 ROSKET EXPRESS, LLC. Principal Place of Business Mailing Address 10969 RAVEL CT. 10969 RAVEL CT. BOCA RATON, FL 33498 US BOCA RATON, FL 33498 US

FILED Oct 11, 2004 8:00 A.M. Secretary of State



07032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For	
65-1156489	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ANDRIOFF, CARL J 10969 RAVEL COURT BOCA RATON, FL 33498

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by September 8, 2004				
9.	MANAGING MEMBERS/MANAGERS	000041	Such Such Such Family Such	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRIOFF, ALEXIS D 10969 RAVEL CT BOCA RATON, FL 33498	10/05/040104	606208 3002 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRIOFF, CARL J 10969 RAVEL CT BOCA RATON, FL 33498	يوانداري والمخرو يهيون المعاد	ren en e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	
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 and make under oath that I am a managing member or manager of the				