2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003284

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

Entity Name: ROFA MANAGING CO., LLC

FILED Mar 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 555 EAST MAIN STREET 999 WATERSIDE DRIVE NORFOLK, VA 23510 **SUITE 2300** NORFOLK, VA 23510 **Current Mailing Address: New Mailing Address:** 999 WATERSIDE DRIVE 555 EAST MAIN STREET NORFOLK, VA 23510 SUITE 2300 NORFOLK, VA 23510 FEI Number: 82-0574550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition SLONE, JORDAN E SLONE, JORDAN E Name: Name: Address: 555 EAST MAIN ST., 17TH FLOOR Address: 999 WATERSIDE DRIVE, STE 2300 City-St-Zip: NORFOLK, VA 23510 City-St-Zip: NORFOLK, VA 23510 () Change (X) Addition Title: Title: MGR () Delete Name: Name: SLONE, NORMAN Address: Address: 999 WATERSIDE DR. STE 2300 City-St-Zip: City-St-Zip: NORFOLK, VA 23510 Title: () Delete Title: MGR () Change (X) Addition BANGEL, HERBERT K Name: Name: **505 COURT STREET** Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PORTSMOUTH, VA 23505

CEDARHURST, NY 11516

ZWIEBEL, DAVID J

5 IRIS STREET

() Change (X) Addition

MGR

SIGNATURE: JORDAN SLONE MGR 03/21/2006