

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90058 034 ****55.00

DOCUMENT # M03000003196

1. Entity Name
ROLLING HILLS ESTATES, LLC



Principal Place of Business
**812 NW 1ST ST.
FT LAUDERDALE, FL 33311**

Mailing Address
**812 NW 1ST ST.
FT LAUDERDALE, FL 33311**

20051567



DO NOT WRITE IN THIS SPACE

04272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
83-0363104

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~DAMERAM~~, DAVID F
**812 NW 1ST ST.
FT LAUDERDALE, FL 33311**

DAMERAY

*CHANGE OF NAME TO
CORRECT DO NOT WRITE
TYPO IN THIS SPACE
DAMERAY.*

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 *DAVID F. DAMERAY* *TO CORRECT TYPO ONLY*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE *4/28/05*

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P	
NAME	DAMERAM , DAVID F	<i>DELETE</i>
STREET ADDRESS	812 NW 1ST ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*10. MANAGING MEMBER
DAMERAY, DAVID F.
812 NW 1ST STREET
FORT LAUDERDALE, FL
33311*

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05 (954) 525-1032
Date Daytime Phone #