

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005395

Entity Name: RED ROCK GLOBAL, LLC

FILED  
Mar 23, 2006  
Secretary of State

## Current Principal Place of Business:

590 MEANS STREET, NW  
SUITE 104  
ATLANTA, GA 30318

## New Principal Place of Business:

## Current Mailing Address:

590 MEANS STREET, NW  
SUITE 104  
ATLANTA, GA 30318

## New Mailing Address:

FEI Number: 58-2638321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete  
Name: TABB, MICHAEL E  
Address: 590 MEANS STREET, NW  
City-St-Zip: ATLANTA, GA 30318

Title: MGR ( ) Delete  
Name: RACHAL, TYRONE  
Address: 590 MEANS STREET, NW  
City-St-Zip: ATLANTA, GA 30318

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TABB, MICHAEL E  
Address: 590 MEANS STREET, NW, SUITE 104  
City-St-Zip: ATLANTA, GA 30318

Title: MGR (X) Change ( ) Addition  
Name: RACHAL, TYRONE  
Address: 590 MEANS STREET, NW, SUITE 104  
City-St-Zip: ATLANTA, GA 30318

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.

SIGNATURE: TYRONE RACHAL

MGR

03/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date