2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# M05000000032

Entity Name: ROCK HILL ESTATES, LLC

Current Principal Place of Business:

3804 HORSEMINT TRAIL
LEXINGTON, KY 40509

New Principal Place of Business:

Current Mailing Address:

3804 HORSEMINT TRAIL
LEXINGTON, KY 40509

New Mailing Address:

FEI Number: 20-2000744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHRE, DEBBIE R
3623 WHISPERWOOD CIRCLE
MELBOURNE, FL 32901 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	DISHONG, CONNIE C	
Address:	3804 HORSEMINT TRAIL	
City-St-Zip:	LEXINGTON, KY 40509	
Title:	MGRM	( ) Delete
Name:	DISHONG, ROBERT M	
Address:	3804 HORSEMINT TRAIL	
City-St-Zip:	LEXINGTON, KY 40509	
Title:	MGRM	( ) Delete
Name:	HARPE, MELINDA H	
Address:	120 FOALING RIDGE LANE	
City-St-Zip:	NICHOLASVILLE, KY 40356	
Title:	MGRM	( ) Delete
Name:	HARPE, DANNY R	
Address:	120 FOALING RIDGE LANE	
City-St-Zip:	NICHOLASVILLE, KY 40356	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CONNIE C. DISHONG MGRM 02/07/2005

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