## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001480

Entity Name: ROEFSCO EXCHANGE, LLC

**FILED** Aug 14, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

% FIALKOW & CO., INC 3295 RIVER EXCHÂNGE DRIVE, SUITE 400 NORCROSS, GA 30092

**Current Mailing Address: New Mailing Address:** 

% FIALKOW & CO., INC 3295 RIVER EXCHANGE DRIVE, SUITE 400 NORCROSS, GA 30092

Name:

FEI Number: 54-2168473 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FISKOW, ALAN R FIALKOW, ALAN R 7041 CYPRESS BRIDGE DRIVE SOUTH 7041 CYPRESS BRIDGE DRIVE SOUTH PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082

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: ALAN R FIALKOW 08/14/2006

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete

FIELKOW, STACY G FIALKOW, STACY G Address: % 3295 RIVER EXCHANGE DRIVE, SUITE 400 Address: % 3295 RIVER EXCHANGE DRIVE, SUITE 400

City-St-Zip: NORCROSS, GA 30092 City-St-Zip: NORCROSS, GA 30092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: STACY GLICKMAN-FIALKOW 08/14/2006