

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # M05000007142**

**1. Entity Name  
ROCKY AVIATION, LLC**



**Principal Place of Business  
2255 GLADES RD., SUITE 321A  
BOCA RATON, FL 33431**

**Mailing Address  
2255 GLADES RD., SUITE 321A  
BOCA RATON, FL 33431**



04102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-2471404**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BRESLOW, RICHARD H  
2255 GLADES RD., SUITE 321A  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BOCA AIRPORT, INC.  
2255 GLADES RD., SUITE 321A  
BOCA RATON, FL 33431**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

U00000532340  
05/06/06-80080-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**MARTIN F. GREENBERG, CHAIRMAN**

Date

Daytime Phone #

**4-24-06 561-347-8585**