


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State


05-15-2008 90077 021 ***138.75

DOCUMENT # M07000003303	
1. Entity Name OPROCK BRADENTON FEE, LLC	

60041480

Principal Place of Business C/O ROCKWOOD CAPITAL, LLC TWO EMBARCADERO CENTER, 23RD FLOOR SAN FRANCISCO, CA 94111	Mailing Address C/O ROCKWOOD CAPITAL, LLC TWO EMBARCADERO CENTER, 23RD FLOOR SAN FRANCISCO, CA 94111
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1000 Market Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State	City & State Portsmouth, NH
Zip	Country 03801 US

	
02132008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 26-0260208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD. INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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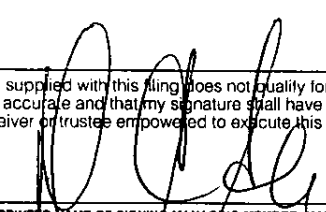
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OPROCK BRADENTON MEZZ, LLC TWO EMBARCADERO CENTER, 23RD FLOOR SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: 	Date 2/14/08	Daytime Phone # (603) 559-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Richard A. Manager		