


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-15-2008 90077 040 \*\*\*138.75

**DOCUMENT # M07000003318**

1. Entity Name  
**OPROCK KEY WEST TRS, LLC**



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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
*1000 Market Street*  
 Suite, Apt. #, etc.  
*Suite 300*  
 City & State  
*Portsmouth, NH*  
 Zip Country  
*03801 US*

02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**26-0261163**

5. Certificate of Status Desired  **\$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

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**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>OPROCK KEY WEST FEE, LLC</b> <b>TWO EMBARCADERO CENTER, 23RD FLOOR</b> <b>SAN FRANCISCO, CA 94111</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
*Richard C. Ade, Manager*

Date: *2/14/08* Daytime Phone #: *(603) 559-2100*