


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-15-2008 90077 032 ***138.75

DOCUMENT # M07000003323

1. Entity Name
OPROCK PORT ST. LUCIE FEE, 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**

00041400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1000 Market Street
 Suite, Apt. #, etc.
Suite 300

02132008 Chg-LLC CR2E083 (12/06)

City & State
Rosemound, NH

4. FEI Number
26-0261602

Applied For
 Not Applicable

Zip Country
03801 US

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	<input type="checkbox"/> Delete
MGRM	OPROCK PORT ST. LUCIE MEZZ, LLC	TWO EMBARCADERO CENTER, 23RD FLOOR	SAN FRANCISCO, CA 94111	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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 redeemer 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

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

Richard C. De... Manager