



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-15-2008 90077 031 \*\*\*138.75

<b>DOCUMENT # M07000003324</b>					
<b>1. Entity Name</b> OPROCK PORT ST. LUCIE TRS, LLC					
<b>Principal Place of Business</b> C/O ROCKWOOD CAPITAL, LLC TWO EMBARCADERO CENTER, 23RD FLOOR SAN FRANCISCO, CA 94111			<b>Mailing Address</b> C/O ROCKWOOD CAPITAL, LLC TWO EMBARCADERO CENTER, 23RD FLOOR SAN FRANCISCO, CA 94111		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 1000 Market Street Suite, Apt. #, etc. Suite 300 City & State Portsmouth, NH Zip 03801 Country US			
Suite, Apt. #, etc.		City & State		02132008    Chg-LLC    CR2E083 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 26-0261640	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NATIONAL CORPORATE RESEARCH, LTD. INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM OPROCK PORT ST. LUCIE FEE, LLC TWO EMBARCADERO CENTER, 23RD FLOOR SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ (Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative)			Date: 2/14/08    Daytime Phone #: (603) 551-2100		

*Richard C. Abbe, Manager*