2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State DOCUMENT # P04000007511 1. Entity Name 05-02-2007 90054 042 ***150 00 **ROCK CREEK PHASE III CORPORATION** Principal Place of Business Mailing Address 3100 NORTH RD. 3100 NORTH RD. NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04282007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 02-0709044 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONELON THOMAS STEWART, JAMES 6 JR. Street Address (P.O. Box Number is Not Acceptable) 9180 GALLERIA CT. NAPLES, FL 34109 WEST DAWN BEARY Zio Code 33410 8. The above named entity submit 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 ager THOMAS DONEZON SIGNATURE of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printe 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΩ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEBUS, IVY J NAME NAME STREET ADDRESS 3100 NORTH RD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-719 VICE PRES IDE TITLE VICE PRES, ☐ Delete TITLE Addition JO MINE NEBUS JOANNE NEBUS 3100 NORTH POAD NAME 3100 NORTH ROAD NAME STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete MUE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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/or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on ap attachment with an address, with all gifter like empowered.

De Rume Negus VICE ARES. 4/28/07

FILED