
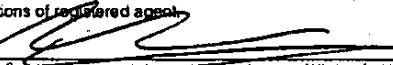
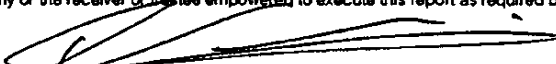


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-22-2005 90074 003 ****50.00

DOCUMENT # L04000082252 1. Entity Name ROLAND LLC.			
Principal Place of Business 3144 SHERIDAN AVE. MIAMI BEACH FL 33140		Mailing Address 3144 SHERIDAN AVE. MIAMI BEACH FL 33140	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent BARTHE & LEIGH LLP 2455 E. SUNRISE BLVD. 602 FORT LAUDERDALE FL 33304		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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: 02/15/05 <small>DATE</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME VOLOT, KAREL STREET ADDRESS 3144 SHERIDAN AVE. CITY-ST-ZIP MIAMI BEACH FL 33140	<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 exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 02/15/05 <small>DATE</small>	