


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000000720 1. Entity Name PICERNE ROSALIND VILLAS, LLC	
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Principal Place of Business 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	Mailing Address 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3675620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ.  
 301 E. PINE ST., STE. 1400  
 ORLANDO, FL 32801

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICERNE, ROBERT M 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM URITESCU, RAYMOND M 75 LAMBERT LIND HWY. WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PICERNE, JOHN G 75 LAMBERT LIND HWY. WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PICERNE, DAVID R 1420 E. MISSOURI AVE., SUITE 100 PHOENIX, AZ 85014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PICERNE, JEANNE M 1420 E. MISSOURI AVE., SUITE 100 PHOENIX, AZ 85014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PICERNE INVESTMENT CORPORATION 75 LAMBERT LIND HWY. WARWICK, RI 02886

**DO NOT WRITE IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:       Date: 4/27/04      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE