

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000000720**

1. Entity Name  
PICERNE ROSALIND VILLAS, LLC



Principal Place of Business  
247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714



03302007 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3675620</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired        **\$5.00** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

U00000751847  
05/18/07-80117-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_ 4/27/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #