

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000720

FILED
Apr 30, 2012
Secretary of State

Entity Name: PICERNE ROSALIND VILLAS, LLC

Current Principal Place of Business:

247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3675620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PICERNE, ROBERT M
Address: 247 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM
Name: URITESCU, RAYMOND M
Address: 75 LAMBERT LIND HIGHWAY
City-St-Zip: WARWICK, RI 02886 US

Title: MGRM
Name: PICERNE, DAVID R
Address: 1420 E. MISSOURI AVE., SUITE 100
City-St-Zip: PHOENIX, AZ 85014 US

Title: MGRM
Name: PICERNE, JEANNE M
Address: 1420 E. MISSOURI AVE., SUITE 100 PHOENIX A
City-St-Zip: PHOENIX, AZ 85014 US

Title: MGRM
Name: PICERNE INVESTMENT CORPORATION
Address: 75 LAMBERT LIND HWY.
City-St-Zip: WARWICK, RI 02886 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT M PICERNE

MGRM

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date