


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90165 049 ***138.75

DOCUMENT # L03000008116 1. Entity Name ROSE TREE PLACE, L.L.C.					
Principal Place of Business 24405 HIPSLEY MILL ROAD GAITHERSBURG, MD 20882			Mailing Address 24405 HIPSLEY MILL ROAD GAITHERSBURG, MD 20882		
2. Principal Place of Business - No P.O. Box # 14606 42nd St N		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa Florida		City & State			
Zip 33613		Country		Zip Country	
6. Name and Address of Current Registered Agent MARSICO, AL 14610 42ND ST N TAMPA, FL 33613				7. Name and Address of New Registered Agent Name BCMG Street Address (P.O. Box Number is Not Acceptable) 12631 Westlinks Dr #7 City Fort Myers FL Zip Code 33913	
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 <i>Terry Wayland</i> Terry Wayland as agent 4-14-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSICO, AL 24405 HIPSLEY MILL RD GAITHERSBURG, MD 20886	<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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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
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: <i>Terry Wayland</i> Terry Wayland 4-14-08 239-275-8320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 32-0057916 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required