

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041462

**FILED**  
**Jan 21, 2005**  
**Secretary of State**

**Entity Name:** ROSEMARY HOMEISTER, LLC

**Current Principal Place of Business:**

10418 NW 6TH STREET  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

19383 SW 68TH STREET  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

19383 SW 68TH STREET  
PEMBROKE PINES, FL 33332

**New Mailing Address:**

FEI Number: 77-0613295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE & MELLINGER, P.A.  
225 N.E. MIZNER BLVD.  
300  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

HOMEISTER, ROSEMARY B MEMBER  
19383 SW 68TH STREET  
PEMBROKE PINES, FL 33332 US

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: ROSEMARY HOMEISTER

01/21/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: EXCLUSIVE INVESTMENT, S 42, INC.  
Address: 101 CONVENTION CENTER DRIVE, SUITE 700  
City-St-Zip: LAS VEGAS, NV 89109

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOMEISTER, ROSEMARY B MEMBER  
Address: 19383 SW 68TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROSEMARY HOMEISTER

MGRM

01/21/2005

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