2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000038187

Entity Name: ROSETTA COTTAGES, LLC

Current Principal Place of Business:

10717 SW 104TH STREET, UNIT C30
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560204
MIAMI, FL 33256

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRIQUES, GOL
10717 SW 104TH STREET
MIAMI, FL 33176 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 ( ) Delete
Name: HENRIQUES, GOL
Address: 10717 SW 104TH STREET, UNIT C30
City-St-Zip: MIAMI, FL 33176

Title: MM ( ) Delete
Name: HENRIQUES, OWEN
Address: PO BOX 560204
City-St-Zip: MIAMI, FL 33256

Title: MGRM ( ) Delete
Name: HENRIQUES, G.O.L. ESQ
Address: 10717 SW 104TH STREET, UNIT C30
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GOLHENRIQUES MGRM 04/30/2009

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