



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-09-2006 90010 002 ****50.00

DOCUMENT # L05000084740			
1. Entity Name ROSLYN AVENUE INVESTMENTS, LLC			
Principal Place of Business 3467 SWEETBRIAR TRAIL CLEARWATER, FL 33761		Mailing Address 3467 SWEETBRIAR TRAIL CLEARWATER, FL 33761	
2. Principal Place of Business 3467 Sweetwater Trail Clearwater		3. Mailing Address 3467 Sweetwater Trail Suite, Apt. #, etc.	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33761		Zip 33761	
Country USA		Country USA	
4. FEI Number 20-3367930		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUNSON, JOHN M 1474 JORDAN HILLS COURT CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name: Patrice Pittman Street Address (P.O. Box Number is Not Acceptable): 3467 Sweetwater Trail City: Clearwater FL Zip Code: 33761	
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	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN, MICHAEL N 3467 SWEETWATER TRAIL CLEARWATER, FL 33761 <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	MGRM PITTMAN, PATRICE L 3467 SWEETWATER TRAIL CLEARWATER, FL 33761 <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
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
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:  Patrice L. Pittman		Date: 4/24/06	

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01042006 Chg-LLC CR2E083 (11/05)