


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90030 010 ***138.75

DOCUMENT # L05000122174 1. Entity Name ROSEMEAD PARTNERS, L.L.C.			
Principal Place of Business 815 E. 63RD PLACE INDIANAPOLIS, IN 46220		Mailing Address 815 E. 63RD PLACE INDIANAPOLIS, IN 46220	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 330 S. PINEAPPLE AVE #106 Suite, Apt. #, etc.	
City & State City & State Sarasota, FL		City & State City & State Sarasota, FL	
Zip Zip 34236	Country Country Sarasota	4. FEI Number 20-4102430	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KAUFFMAN, GARY ESQ. C/O DUNLAP & MORAN, P.A. 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHERRER, PAUL A 815 E. 63RD PLACE INDIANAPOLIS, IN 46220	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: <u>Paul A Scherrer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		7/29/08 941-366-1040 <small>Date Daytime Phone #</small>	



07292008 Chg-LLC CR2E083 (12/06)