2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# L95000000928

Entity Name: ROSEVILLE FARMS, L.C.

Current Principal Place of Business:

3251 PONKAN PINE ROAD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

3251 PONKAN PINE ROAD
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3348116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELSBERRY, MICHAEL
215 N. EOLA DR.
ORLANDO, FL 32801 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	DFR ASSOCIATES, INC.,	
Address:	620 ESTATES PLACE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGRM	( ) Delete
Name:	RAAB, KIM E	
Address:	620 ESTATES PLACE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGRM	( ) Delete
Name:	YOUNG, ANDREW S	
Address:	7509 SADLER RD.	
City-St-Zip:	MT. DORA, FL 32757	

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 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: DAVID RAAB MR 04/06/2005

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