1 of 2

APPROVED AND FILED

02 FEB 20 PM 2:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITEDLIABILITYCOMPANY UNIFORMBUSINESSREPORT(UBR)

DOCUMENT# L00000000720

1. EntityName
PICERNE ROSALIND VILLAS, LLC

DO NOT WRITE IN THIS SPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
247 N. WESTMONTE DRIVE	247 N. WESTMONTE DRIVE
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State: ALTAMONTE SPRINGS, FL	City&State: ALTAMONTE SPRINGS, FL
Zip: 32714 Country: USA	Zip: 32714 Country: USA

DONOTWRITEINTHISSPACE

4. FEINumber: 59-3675620 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent

Name: W. TERRY COSTOLO

StreetAddress (P.O.BoxNumberisNotAcceptable): 301 E. Pine St. Suite 1400

City: ORLANDO FL ZipCode: 32801

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

100004961601--3

9. MANAGINGMEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	ROBERT M. PICERNE	NAME	
STREETADDRESS	247 N. WESTMONTE DRIVE	STREETADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	
TITLE	MEM	TITLE	
NAME	RAYMOND M. URITESCU	NAME	
STREETADDRESS	75 LAMBERT LIND HWY.	STREETADDRESS	
CITY-ST-ZIP	WARWICK, RI 02886	CITY-ST-ZIP	
TITLE	MEM	TITLE	
NAME	JOHN G. PICERNE	NAME	
STREETADDRESS	75 LAMBERT LIND HWY.	STREETADDRESS	
CITY-ST-ZIP	WARWICK, RI 02886	CITY-ST-ZIP	
TITLE	MEM	TITLE	
NAME	DAVID R. PICERNE	NAME	
STREETADDRESS	1420 E. MISSOURI AVE., SUITE 100	STREETADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 85014	CITY-ST-ZIP	
TITLE	MEM	TITLE	
NAME	JEANNE M. PICERNE	NAME	
STREETADDRESS	1420 E. MISSOURI AVE., SUITE 100	STREETADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 85014	CITY-ST-ZIP	
TITLE	MEM	TITLE	
NAME	PICERNE INVESTMENT CORPORATION	NAME	
STREETADDRESS	75 LAMBERT LIND HWY.	STREETADDRESS	
CITY-ST-ZIP	WARWICK, RI 02886	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. Ihereby certify that the information supplied with this filing does not qualify 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 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: ROBERT M. PICERNE 2/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — DaytimePhone#

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ACCOUNT NO. : 072100000032

REFERENCE : 405892 5011226

AUTHORIZATION :

COST LIMIT : $ 50.00

Patricia Pizzato

ORDER DATE : February 20, 2002

ORDER TIME : 11:18 AM

ORDER NO. : 405892-005

CUSTOMER NO: 5011226

CUSTOMER: Lillian Clover, Legal Asst
Gray Harris & Robinson, P.a.
Suite 1400
301 East Pine Street
Orlando, FL 32801

ANNUAL REPORT FILING

RECEIVED
02 FEB 20 PM 12:17
DIVISION OF CORPORATION

NAME: PICERNE ROSALIND VILLAS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____

File 1st