

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018938

FILED  
Feb 15, 2004  
Secretary of State

**Entity Name:** ROSEBUD WOOD FIBER OF FLORIDA L.L.C.

**Current Principal Place of Business:**

20991 NE HWY 27  
WILLISTON, FL 32696 LY

**New Principal Place of Business:**

**Current Mailing Address:**

4021 KIAORA STREET  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 65-1158666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODMAN, DAVID P  
4021 KIAORA STREET  
MIAMI, FL 33133 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: MGR ( ) Delete  
Name: GOODMAN, DAVID P  
Address: 4021 KIAORA ST.  
City-St-Zip: MIAMI, FL 33133 US

Title: MGR ( ) Delete  
Name: GOODMAN, EDYTH S  
Address: 4021 KIAORA ST.  
City-St-Zip: MIAMI, FL 33133 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: LONG, SCOTT  
Address: 115 SOUTH PROSPECT DR  
City-St-Zip: MIAMI, FL 33133

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 P. GOODMAN

MR

02/15/2004

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