2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000006759 1. Entity Name ROSEN THOMPSON MYRTLE BEACH, LLC					May 02, 2005 08:00 AM Secretary of State				
Principal Plac	e of Business	Mailing Address		.=	4				
2333 BRICKELL AVE.			2333 BRICKELL AVE.						
MIAMI FL 33129		SUITE D-1 MIAMI FL 33129	SUITE D-1						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		_ "	Mariani acc maint free and commi			221 (II IEE)
Suitě, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		·	1st MOORE	CR2E083	(10/04)	
City & State		City & State			4. FEI Num	4. FEI Number 02-0555366 Applied For Not Applicate		t Applicable	
Zip	Country	Zíp	Zíp Coun		5. Certifica	5. Certificate of Status Desired			
	6. Name and Address of Cur	rent Registered Agent			7. Name a	nd Address of New R	legistered A	jent	
DAVID, MARY ANN Y ESQ.				Name					
233 SUF				Street Address (P.O. Box Number is Not Acceptable)					
	MI FL 33129			City	<u></u>		FL	Zip Code	
8. The above	named entity submits this statem	ent for the purpose of changing	its registere	ed office or regis	tered agent, or l	both, in the State of Flo		/ miliar with,	and accept
	ions of registered agent.		-	-	-	- 1			
SIGNATURE	Signature, typed or printed name of registered	fagent and tille if applicable (N	OTE Registere	d Agent signature requi	red when reinstaling)	<u> </u>	DATE		
		FILE		FEE IS \$50.00					
		Make Check Paya		orida Departm ay 1, 2005	ent of State				
9. MANÁĞİNĞ MÊMBERS/MANAGERS				29 1,2000		ADDITIONS	/CHANGES	·	
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NAME	ROSEN MYRTLE BEACH, LTD		МАИ	E		Hoodog			
STREET ADDRESS	2333 BRICKELL AVENUE, SUITE D-1		SIRE	ET ADDRESS		U00000355681 05/04/05~80004-065 50.00			าก
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STREET ADEREGS		/ 1	STRE	EET ADDRESS					
Citir-St-ZiP				1-S1-21F					
11. I hereby indicated limited lia	certify that the information supplied on this report is true and accurate ability company or the receiver of	with this fung does not qualify e and that his signature shall ha trustee empowered to execute the	for the exe we the sam his report a	emption stated in e legal effect as s required by Ch	Section 119.07 if made under o apter 608, Flori	(3)(I), Florida Statutes. path, that I am a mana da Statutes	I further cert ging membe	fy that the in r or manage	nformation er of the

Clifford D. Rosen

SIGNATURE:

FILED

4/25/05

Oate

305.859.4900

Daytime Phone #