2008 LIMITED LIABILITY-COMPANY **ANNUAL REPORT**

DOCUMENT # L05000099077

ROSEN REAL ESTATE, LLC



FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

11211 PROSPERITY FARMS ROAD C-303

PALM BEACH GARDENS, FL 33410 US

11211 PROSPERITY FARMS ROAD

C-303

DO NOT WRITE IN THIS SPACE

PALM BEACH GARDENS, FL 33410



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 14-1939167

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VINCENT J. PIAZZA, P.A. 9033 GLADES ROAD SUITE D BOCA RATON, FL 33434

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| 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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9. | 9. MANAGING MEMBERS/MANAGERS | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROSEN, EUGENE H 11211 PROSPERITY FARMS ROAD, SUITE C-303 PALM BEACH GARDENS, FL 33410 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KIRBY, CAROL S 11211 PROSPERITY FARMS ROAD, SUITE C-303 PALM BEACH GARDENS, FL 33410 | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |

U00000827672 02/21/08-80100-008 138.75

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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:

BIGNATURE AND TYPED OF

RINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE