

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91433 011 \*\*\*\*50.00

**DOCUMENT #** L02000034966

**1. Entity Name**

ROSEN CAMPUS MANAGEMENT HOLDINGS, LLC



**DO NOT WRITE IN THIS SPACE**

44004435

**2. Principal Place of Business**

2333 Brickell Ave.

Suite, Apt. #, etc.

D-1

City & State

Miami, FL

Zip

33129

Country

None

**3. Mailing Address**

2333 Brickell Ave

Suite, Apt. #, etc.

D-1

City & State

Miami, FL

Zip

33129

Country

None

**4. FEI Number**

56-2341646

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name

Mary Ann Y. David Esq.

Street Address (P.O. Box Number is Not Acceptable).

2333 Brickell Ave.

Suite D-1

City

Miami

FL

Zip Code

33129

**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**

*Mary Ann Y. David*

Mary Ann Y. David

4/30/03

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE** MGRM  
**NAME** Clifford D. Rosen  
**STREET ADDRESS** 2333 Brickell Ave., Suite D-1  
**CITY-ST-ZIP** Miami, FL 33129

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**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Clifford D. Rosen

4/30/03

(305) 859-4900

Date

Daytime Phone #

CR2E083B (12/02)