

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 007 ****50.00

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DOCUMENT # L00000000720

1. Entity Name

PICERNE ROSALIND VILLAS, LLC



Principal Place of Business
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3675620**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTOLO, W. TERRY ESQ.
301 E. PINE ST., STE. 1400
ORLANDO FL 32801**

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM
PICERNE, ROBERT M**
STREET ADDRESS **247 NORTH WESTMONTE DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEM
URITESCU, RAYMOND M**
STREET ADDRESS **75 LAMBERT LIND HWY.**
CITY-ST-ZIP **WARWICK RI 02886**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEM
PICERNE, JOHN G**
STREET ADDRESS **75 LAMBERT LIND HWY.**
CITY-ST-ZIP **WARWICK RI 02886**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEM
PICERNE, DAVID R**
STREET ADDRESS **1420 E. MISSOURI AVE., SUITE 100**
CITY-ST-ZIP **PHOENIX AZ 85014**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEM
PICERNE, JEANNE M**
STREET ADDRESS **1420 E. MISSOURI AVE., SUITE 100**
CITY-ST-ZIP **PHOENIX AZ 85014**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEM
PICERNE INVESTMENT CORPORATION**
STREET ADDRESS **75 LAMBERT LIND HWY.**
CITY-ST-ZIP **WARWICK RI 02886**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

[Signature] **CONTROLER** 2-24-03 4077720200

CR2E083 (10/02)