


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000016293 1. Entity Name ROSE BAY DEVELOPMENT PARTNERS, LC	
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1053 MAITLAND CENTER COMMONS BLVD. SUITE 200 MAITLAND, FL 32751	Mailing Address 1053 MAITLAND CENTER COMMONS BLVD. SUITE 200 MAITLAND, FL 32751
------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------



07062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3690012	Applied For Not Applicable
-----------------------------	-------------------------------

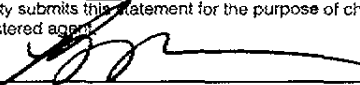
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	-----------------------------------

6. Name and Address of Current Registered Agent WALKER, BERRY 1053 MAITLAND CENTER COMMONS BLVD. SUITE 200 MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 8, 2004**

000000165665

07/12/04-80021-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, BERRY 1053 MAITLAND CTR COMM. BLVD.,STE 200 MAITLAND, FL 32751
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #