2006 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Mar 20, 2006 08:00 AM DOCUMENT # L01000004911 **Secretary of State** ROSE ISLE DEVELOPMENT, LLC Principal Place of Business Mailing Address **401 FERGUSON DRIVE 401 FERGUSON DRIVE** ORLANDO, FL 32805 ORLANDO, FL 32805 01052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent FUQUA, JEFFRY B DO NOT WRITE 401 FERGUSON DRIVE ORLANDO, FL 32805 IN THIS SPACE 6. 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, typed or priviled name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGR FUQUA, JEFFRY B NAME 04/04/06-80041-016 50.00 STREET ADDRESS **401 FERGUSON DRIVE** ORLANDO, FL 32805 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 truefee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dayrime Phone B SIGNATURE AND TYPED ON BE INTED HAME OF SIGNING MANAGING WEMBER, OR AUTHORIZED REPRESENTATIVE