## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000007040  1. Entity Name  ROSEN ASSOCIATES MYRTLE BEACH, LLC							May 02, 2005 08:00 AM Secretary of State				
Principal Place of Business				Mailing Address			1				
2333 BRICKELL AVE.				2333 BRICKELL AVE.							
SUITE D-1 MIAM FL 33129			9	SUITE D-1 MIAMI FL 33129			!				
2. Phincipal Place of Business			3.	3. Mailing Address				Harris on Chief Hell Rain Rain		Janus mailt bizrt m	1100) III 120)
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	1st MOORE	CR2E08	33 (10/04)	
City & State				City & State			4. FEI Nur	nber 65-1099571		1 1	oplied For
Zip	Country			Zip Coun		ntry	5. Certificate of Status Desired		ditional		
	6. Name	and Address of Current	Regi	stered Agent			7. Name a	ind Address of New R	egistered	•	· · · · · · · · · · · · · · · · · · ·
						Name		•		•	
DAVID, MARY ANN Y ESQ. 2333 BRICKELL AVE. SUITE D-1						Street Address (	(P.O. Box Nur	nber is Not Acceptable	)		
MIAMI FL 33129								•		 	-
						City			FL	Zip Cod	e
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 Payal							nt of State				
			ļ	Du	e By M	ay 1, 2005					
9.	. MANAGING MEMBERS/M				MANAGERS 10.			ADDITIONS/CHANGES			
INTLE	MGRM	☐ Delete	101	E		U000003	CCCOC	☐ Change	Addition		
NAME STREET ADDRESS	ROSEN THOMPSON MYRTLE BEACH, LL 2333 BRICKELL AVE, STE D-1			LLC NAME STREET ADDRESS		05/04/05-80004-007 50.00					
CITY-ST-ZIP	MIAMI FL 33129					-ST-ZIP					
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name Street address				_	NAM	i					
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11. I hereby	certify that the	e information supplied with	this.	iling does not qualify fo			ection 119.07(	3)(i), Florida Statutes, I	further ce	 rtify that the in	oformation
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 as trade 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.											

Clifford D. Rosen

4/25/05

305.859.4900

Daytime Phone #

SIGNATURE: CITITUTU DE NUSCIT SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED