2004 LIMITED LIABILITY COMPANY

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ANNUAL REPORT

DOCUMENT # L01000009682 ROSSO REALTY, LLC.

Mailing Address

350 MARTIN LANE WEST PALM BEACH, FL 33413

Principal Place of Business

350 MARTIN LANE WEST PALM BEACH, FL 33413

FILED Jan 26, 2004 08:00 AM Secretary of State



01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1110539 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSO, NANCY G 350 MARTIN LANE WEST PALM BEACH, FL 33413

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-78P

CITY-ST-ZIP

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			IN THE STAGE			
	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	1 2	
	iling Fee is \$50.00 ue by May 1, 2004	केन्द्रिक है है है है से स्वर्थ			.EII	
9.	MANAGING MEMBERS/MANAGERS			The Party of the Table	र मार्ग प्रस्ति है	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSO, JOSEPH A II 350 MARTIN LANE WEST PALM BEACH, FL 33413		U000000 01/26/04-8	113018 30037-002 50	וני ומס.	
YITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSO, NANCY G 350 MARTIN LANE WEST PALM BEACH, FL 33413					
TITLE						

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11. I hereby certify that the information supplied with this fitting 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.

3-04 SIGNATURE: OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE