

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000009904

1. Entity Name  
ROSMOR, LLC



Principal Place of Business  
470 COLUMBIA DRIVE  
SUITE D-201  
WEST PALM BEACH, FL 33409

Mailing Address  
470 COLUMBIA DRIVE  
SUITE D-201  
WEST PALM BEACH, FL 33409



02132008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1116236	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

PEREBOOM, DOUGLASS E  
470 COLUMBIA DRIVE  
SUITE D-201  
WEST PALM BEACH, FL 33409

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000358705  
04/22/08-80025-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SACHS, LYNNE A 211 HILTON AVE. BALTIMORE, MD 21228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREBOOM, DOUGLASS E 470 COLUMBIA DRIVE WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SACHS, IRAGLASS N STAGG LODGE 33 DEER VALLEY PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SACHS, DANA E 101 SOUTH 5TH STREET WILMINGTON, NC 28401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SACHS, IRA N JR. ONE 5TH AVE. APT. -D NEW YORK, NY 10003
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 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 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 #

*[Signature]* Douglas E. Pereboom 4/4/08 801-683-7123