


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000017435</b> 1. Entity Name <b>ONE THOUSAND ROSES, LLC</b>	
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Principal Place of Business <b>455 SOUTH BUCKMORE ROAD LAKE WALES FL 33853</b>	Mailing Address <b>455 SOUTH BUCKMORE ROAD LAKE WALES FL 33853</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE CR2E083 (10/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

4. FEI Number <b>59-3746376</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>GRONDIN, MAURICE A 455 SOUTH BUCKMORE ROAD LAKE WALES FL 33853</b>	Name Street Address (P.O. Box Number is Not Acceptable) City
	State: <b>FL</b> Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR</b> <b>GRONDIN, MAURICE A</b> <b>455 SOUTH BUCKMORE ROAD</b> <b>LAKE WALES FL 33853</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000626068</b> <b>02/15/07-80006-001 50.00</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>GRONDIN, GARY</b> <b>455 S BUCKMOORE BLVD</b> <b>LAKE WALES FL 33853</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gary C Grondin* **GARY C GRONDIN** 2-5-07 863-676-8140  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #