

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005564

Entity Name: ROSE VENTURES LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

120 NE 136TH AVE
SUITE 200
VANCOUVER, WA 986846964

New Principal Place of Business:

Current Mailing Address:

120 NE 136TH AVE
SUITE 200
VANCOUVER, WA 986846964

New Mailing Address:

FEI Number: 74-3039902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: POWELL, ROBERT B
Address: 15908 S.W. 92ND AVENUE
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POWELL, ROBERT B
Address: 7375 SW 154TH TERR
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Change (X) Addition
Name: ST LAURENT, GEORGES C JR
Address: 120 NE 136TH AVE STE 200
City-St-Zip: VANCOUVER, WA 986846964

Title: MGR () Change (X) Addition
Name: ST LAURENT PROPERTIE, S
Address: 120 NE 136TH AVE STE 200
City-St-Zip: VANCOUVER, WA 986846964

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL B MYERS-POWER

MGR

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date