2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # L02000010192 1. Entity Name ROSEN WT, LLC							May 02, 2005 08:00 AM Secretary of State				
Principal Place of Business 2333 BRICKELL AVE. STE. D1 MIAMI FL 33129				Mailing Address 2333 BRICKELL AVE. STE. D1 MIAMI FL 33129							
2. Principal P	Place of Busine	ess	3	. Mailing Address							
Suite, Apt #, etc.			Suite, Apt. #, etc.				1	1st MOORE	CR2E0	83 (10/04)	
City & State			City & State				4. FEI Nur	nber 16-1618220)	;—- <u>↓</u> ·	oplied For
Ζīp	Tip Country		+	Zip		ntry	5. Certifica	ate of Status Desired		\$5.00 Add	ditional
	6. Name	and Address of Current	Reg	istered Agent	ļ	Γ	7. Name a	nd Address of New R	egistered	Fee Require Agent	:a
						Name			_=		_
DAVID, MARY ANN Y 2333 BRICKELL AVE. STE. D1						Street Address	(P.O. Box Nur	nber is Not Acceptable	∌)		
MIAMI FL 33129											
						City			F	_	
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	r the	e purpose of changing its	register	ed office or regist	ered agent, or	both, in the State of Flo	orida. I am	ı familiar with,	and accept
SIGNATURE	Signature, typed o	or printed name of registered agent	and N	lle « applicable (NOT)	E Fiegislete	id Agent signature requir	ed when reinstating)		DATE		
		· · · · · · · · · · · · · · · · · · ·		FILE NO	iiiWc	FEE IS \$50.00		Ţ			_
				Make Check Payab	le to Fl	orida Departm					
				<u>}</u>	e By M	ay 1, 2005 					
9.	MANAGING MEMBERS/MANAGERS							ADDITIONS/	CHANGE		
TITLE NAME	MGRM ROSEN, CL	JEFORD D		Delete	HIL NAM					☐ Change	Addition
STREET ADDRESS	ſ ·					ET ADDRESS		U00000355664			
CITY-ST-ZIP	MIAMI FL 33129				-S7-ZIF	U00000355664 05/04/05-80003-017 50.00					
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CITY-ST-ZIP	}					FFT ADDRESS '-ST-ZIP					
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NAME	}				NAN	1				ondige	
CIRCEL ADDRESS	1					ELT ADDRESS					
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indicated indicated limited lia	cerury that the I on this report ability compan	information supplied with is true and accurate and or the receiver or truste	i this I that e em	s ning does not qualify for t my signature shall have powered to execute this	r the exe the same report as	imption stated in S e legal effect as if s required by Cha	ection 119.07(made under o pter 608, Florid	(3)(i), Florida Statutes. ath; that I am a manaç ta Statutes,	ing memb	ertity that the it per or manage	ntormation or of the

Clifford D. Rosen

ACMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

305.859,4900