

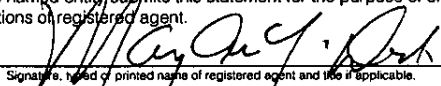
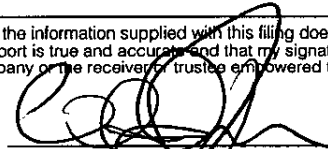


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90077 040 ****50.00

DOCUMENT # L02000011257 1. Entity Name ROSEN CAMPUS MANAGEMENT, LLC					
Principal Place of Business 201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131			Mailing Address 201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131		
2. Principal Place of Business 2333 Brickell Ave.		3. Mailing Address SAME AS PRINCIPAL		 04162004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. Suite D-1		Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33129		Zip			
Country Miami-Dade		Country		4. FEI Number 14-1840441	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Mary Ann Y. David, Esq. Street Address (P.O. Box Number is Not Acceptable) 2333 Brickell Ave. Suite D-1 City MIami FL Zip Code 33129		
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 		Mary Ann Y. David, Esq.		4/19/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State		(NOTE: Registered Agent signature required when reinstating)	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN CAMPUS MANAGEMENT HOLIDAYS 2333 BRICKELL AVE., SUITE D-1 MIAMI, FL 33129 <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	
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 exemption stated in Section 119.07(3)(i), 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: 		Clifford D. Rosen		4/19/04 (305) 859-4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	