2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # L02000014470 04-21-2004 90451 020 ****50.00 ROSEMARK PROPERTIES, LLC Mailing Address Principal Place of Business 1469 Onouge Chipley, 71. 32428 **695 1A MASHES SANDS ROAD** P.O. BOX 422 PANACEA, FL 32346 PANACEA, FE 32346 04192004 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 47-0884400 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINDSEY, WM. SCOTT DO NOT WRITE 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32312 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) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE THURMAN, MARK M NAME STREET ADDRESS BOX 422 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplies 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 facile legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the economic trustee empowered to elecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPE

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OR AUTHORIZED REPRESENTATIVE

4/20/04

Daytime Phone #