


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90016 033 ****50.00

DOCUMENT # L02000015762 1. Entity Name ROSEN SWITKES CABRERA & ENTIN P.L.	
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Principal Place of Business
**407 LINCOLN RD.
PENTHOUSE SOUTHEAST
MIAMI BEACH, FL 33139**

Mailing Address
**407 LINCOLN RD.
PENTHOUSE SOUTHEAST
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



04282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2432034	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SWITKES, ROBERT
407 LINCOLN RD.
PENTHOUSE SOUTHEAST
MIAMI BEACH, FL 33139**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, HAROLD 407 LINCOLN RD, PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWITKES, ROBERT 407 LINCOLN RD, PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Harold Rosen mgr mem

4-28-05

305-534-4757