


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017296


1. Entity Name
 1990 ROOSEVELT, L.L.C.



Principal Place of Business
 P.O. BOX 1527
 KEY WEST, FL 33041

Mailing Address
 P.O. BOX 1527
 KEY WEST, FL 33041

DO NOT WRITE IN THIS SPACE



04222005 No Chg-LLC CR2E083 (10/03)

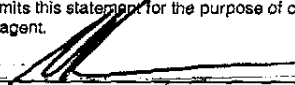
4. FEI Number 32-0022968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

GUTTENMACHER, EDWARD P ESQ
 2600 DOUGLAS ROAD, PH 8
 CORAL GABLES, FL 33134

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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:  DATE: 4/20/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

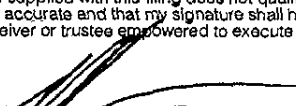
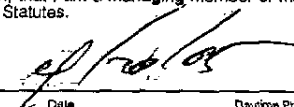
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSI, MARK P.O. BOX 1527 KEY WEST, FL 33041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/29/05-80117-022 50.00

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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:  DATE:  DAYTIME PHONE #

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