

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90207 014 \*\*\*\*50.00

**DOCUMENT # L02000022481**

1. Entity Name  
**ROUGE, LLC**



Principal Place of Business  
**216 FALLEN PALM DRIVE**  
**CASSELBERRY, FL 32707**  
*PO Box 917332*  
*Longwood, FL 32791*

Mailing Address  
**P.O. BOX 917332**  
**LONGWOOD, FL 32791-4048**

**DO NOT WRITE IN THIS SPACE**



01112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>45-0486140</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMP, LINDA S**  
**216 FALLEN PALM DRIVE**  
**CASSELBERRY, FL 32707**  
*PO Box 917332*  
*Longwood, FL*  
*32791*

**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 *Linda S Camp* *1-12-04* DATE

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CAMP, LINDA S</b> <b>216 FALLEN PALM DRIVE</b> <b>CASSELBERRY, FL 32707</b> <i>PO Box 917332</i> <i>Longwood, FL</i> <i>32791</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(f), 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 *Linda S Camp* *1-12-04* *321-377-3052* DATE Daytime Phone #

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