2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L02000022568

1. Entity Name

136 ADELA ST

ROSE HOMES, LLC

ST. AUGUSTINE, FL 32086

Principal Place of Business

Mailing Address 136 ADELA ST ST. AUGUSTINE, FL 32086 FILED Apr 23, 2008 08:00 AN Secretary of State



04182008 No Chg-LLC

CR2E083 (12/07)

904-794-1239

Daytime Phone #

| 4. | FEI Number | | Applied For |
|----|-------------------------------|-------|----------------|
| | 16-1625540 | | Not Applicable |
| 5. | Certificate of Status Desired | \$5.0 | Additional |

6. Name and Address of Current Registered Agent

FRANKE, EDWARD M 136 ADELA ST ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

| 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 | | | |
| | Зучасте, турес от ричес нате от тервете адент али ше и аррисале. | (NO+2; ਜਬਦੁਸ਼ਤਬਾਕਰ ਲਊਗਾ। ਜ਼ੁਰੂਸਤਪਾਰ ਸਬਦੁਸ਼ਤਰ ਆਵਾ ਸਥਾਤ(ਤੁਸ਼ਗਾਦੂ) | DATE | | | |
| FILE After May | NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75 | | U00000917689 05/13/08-80050-018 138.75 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE | MGRM | | | | | |
| NAME | FRANKE, EDWARD M | | | | | |
| STREET ADDRESS | 136 ADELA ST | | | | | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32086 | | | | | |
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| NAME | | | | | | |
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| 1 | partific that the information are allegerable this fill- | | O Florida Oscalara I & alexandra and Alexandra and | | | |
| 11. I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. | | | | | | |

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