

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028153

1. Entity Name
ROSELAND, L.L.C.



Principal Place of Business
PO BOX 85
WEST PALM BEACH, FL 33402

Mailing Address
PO BOX 85
WEST PALM BEACH, FL 33402



02172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
11-3659837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 S. FLAGLER DRIVE, STE. 1010
WEST PALM BEACH, FL 33401

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, RICHARD S JR
STREET ADDRESS	PO BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGR
NAME	JOHNSON, SCOTT A
STREET ADDRESS	PO BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGR
NAME	KOENIG, PATRICK C
STREET ADDRESS	PO BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000509554^M
04/28/06-80047-022 50.00^M

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

3-3-06

Date

561-655-7200

Daytime Phone #