


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000028809</b> 1. Entity Name <b>ROSCH ENTERPRISES, LLC</b>	
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Principal Place of Business <b>2265 JAMES DRIVE ST. CLOUD, FL 34771</b>	Mailing Address <b>2265 JAMES DRIVE ST. CLOUD, FL 34771</b>
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**DO NOT WRITE IN THIS SPACE**



01162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>51-0460824</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCHMIDT, ROSEMARY  
2265 JAMES DR  
SAINT CLOUD, FL 34771**

**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 *Rosemary Schmitt* DATE *2/21/08*

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHMIDT, ROSEMARY 2265 JAMES DR SAINT CLOUD, FL 34771</b>
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03/06/08-80037-009 138.75

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 *Rosemary Schmitt* *Rosemary Schmitt* *2/21/08* *407-908-9506*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #