2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 17, 2006 08:00 AM Secretary of State **DOCUMENT # L02000031381** 1. Entity Name ROSI, LLC Principal Place of Business Mailing Address 5675 NEW TAMPA HWY P.O. BOX 91627 US LAKELAND, FL 33804 UNIT #5 LAKELAND, FL 33815 01082006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0451570 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ROLLING OAK SUPPLY, INC. 7838 ROLLING GROVE DR. E LAKELAND, FL 33810 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. 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, 2006 MANAGING MEMBERS/MANAGERS 9. TOTLE ROLLING OAK SUPPLY, INC. NAME 7838 ROLLING GROVE DR. E STREET ADDRESS 000000388888 CITY-ST-ZIP LAKELAND, FL 33810 01/20/06-20021-013 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE Crty-St-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED