


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000009165  
 1. Entity Name  
 ROSENTHAL ROSENTHAL RASCO LLC



Principal Place of Business      Mailing Address  
 2875 N.E. 191ST STREET, SUITE 500      2875 N.E. 191ST STREET, SUITE 500  
 AVENTURA, FL 33180      AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**



04192005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 56-2340166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROSENTHAL, KERRY E  
 2875 N.E. 191ST STREET, SUITE 500  
 AVENTURA, FL 33180

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

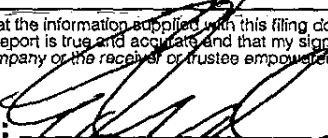
L00000324724  
 04/22/05-80107-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASCO & ASSOCIATES, P.A. 2875 NE 191ST STREET, SUITE 500 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(b), 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:  Eduardo I. Rasco      4-19-05      305-937-0300

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