


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 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**

04032006 No Chg-LLC      CR2E083 (11/05)  
 4. FEI Number      Applied For  
 56-2340166      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

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

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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 reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00 Due by May 1, 2006**      U000003504978  
 04/26/06-80093-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RASCO & ASSOCIATES, P.A.
STREET ADDRESS	2875 NE 191ST STREET, SUITE 500
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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  KERRY E. ROSENTHAL      4/7/06      305-937-030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone if