2004 LIMITED LIABILITY COMPANY

Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000009207** 04-29-2004 90075 009 ****50.00 1. Entity Name ROSEVINE ENTERPRISES, LLC Principal Place of Business Mailing Address 1560 SOUTHWEST 14TH DRIVE 1560 SOUTHWEST 14TH DRIVE BOCA RATON, FL 33486-6505 BOCA RATON, FL 33486-6505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 Chg-LLC CR2E083 (10/03) 4. FEI Number 72 7003 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTIAN, GARY I Street Address (P.O. Box Number is Not Acceptable) **RUMPH STODDARD & CHRISTIAN** 3100 UNIVERSITY BLVD. SOUTH, STE 101 JACKSONVILLE, FL 32216 Zip Code 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, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ; ... ADDITIONS/CHANGES 10 MGRM TITLE Delete TITLE Change Addition ANNROSE ENTERPRISES, LLC NAME * NAME 1560 SW 14TH DR STREET ADDRESS STREET ADDRESS Boca Raton FL 33486 CITY-ST-ZIP, BOCA RATON, FL 334906505 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition FINITE TOOLS, INC NAME NAME STREET ADDRESS 2022 POWERS FERRY ROAD, SUITE 180 STREET ADDRESS CITY-ST-7IP ATLANTA, GA 30339 CITY-ST-7/P TITLE ☐ Delete ☐ Change TITI F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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Addition

Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

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hair man

Ann M. Rosenberg

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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