

FILED
Apr 04, 2005 8:00 am
Secretary of State

DOCUMENT # L03000009207

1. Entity Name	2. State of Incorporation	3. Federal Tax ID Number	4. Date of Incorporation	5. Date of Termination
ROSEVINE ENTERPRISES, LLC				



Mailing Address
1560 SOUTHWEST 14TH DRIVE
BOCA RATON, FL 33486-6505

3. Mailing Address
2424 N. Federal Hwy

Suite, Apt. #, etc.
Suite 455

City & State
Boca Raton FL

Country USACountry
USA

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
76-0727003

Applied For
Not Applicable

5. Certificate of Status Desired

 **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, GARY I
RUMPH STODDARD & CHRISTIAN
3100 UNIVERSITY BLVD. SOUTH, STE 101
JACKSONVILLE, FL 32216

Name: _____

Street Address (P.O. Box Number is Not Acceptable)

City

FI	Zip Code
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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

named entity submits this statement for the purpose of changing its registrations of registered agent.


Signature, typed or printed name of registered agent and title if applicable. (NOTE: _____)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	ANNROSE ENTERPRISES, LLC	
STREET ADDRESS	1560 SW 14TH DR	
CITY-ST-ZIP	BOCA RATON, FL 33486	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FINITE TOOLS, INC	
STREET ADDRESS	2022 POWERS FERRY ROAD, SUITE 180	
CITY-ST-ZIP	ATLANTA, GA 30339	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ann Rose Enterprises LLC		
STREET ADDRESS	2424 N. Federal Hwy Ste. 455		
CITY-ST-ZIP	Boca Raton FL 33481		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Annex Rosenberg

3/3/05

5101-416-9096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____