

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010461

FILED
Apr 13, 2006
Secretary of State

Entity Name: ROSEN DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

12800 UNIVERSITY DRIVE
SUITE 400
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE
SUITE 400
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 13-4075670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, W. SCOTT ESQUIRE
C/O STUMP, STOREY, CALLAHAN & DIETRICH, P.
37 NORTH ORANGE AVENUE, SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
500 EAST
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: MICHAEL MITRIONE

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSEN, MICHAEL E
Address: 12800 UNIVERSITY DR., SUITE 400
City-St-Zip: FT. MYERS, FL 33907

Title: MGR () Delete
Name: CORDELLO, DOUGLAS J
Address: 12800 UNIVERSITY DR., SUITE 400
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS J. CORDELLO

MGR

04/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date