# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 18, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L03000013075

1. Entity Name
HOWARD ROSEN MARCO ISLAND FAMILY LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5000 ROYAL MARCO WAY, APT. 337<br>MARCO ISLAND, FL 33145 | 5000 ROYAL MARCO WAY, APT. 337<br>MARCO ISLAND, FL 33145 |

07112008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0168454
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, HOWARD
5000 ROYAL MARCO WAY
MARCO ISLAND, FL 34145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | ROSEN, HOWARD |
| STREET ADDRESS | 5000 ROYAL MARCO WAY APT 337 |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 |
| TITLE | MGRA |
| NAME | ROSEN, SELMA |
| STREET ADDRESS | 5000 ROYAL MARCO WAY APT 337 |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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07/18/08-80001-007 138.75

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