

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90018 011 ****50.00

DOCUMENT # L03000014514

1. Entity Name
ROSEPARC PROJECT, L.L.C.



Principal Place of Business
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

Mailing Address
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146



03112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3093542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARAN, FERNANDO S
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

**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 _____

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME B DEVELOPMENTS, L.L.C.
STREET ADDRESS 2600 SOUTHWEST THIRD AVENUE STE:730
CITY-ST-ZIP MIAMI, FL 33129

TITLE MGRM
NAME B. HOLDINGS, L.L.C. 74%
STREET ADDRESS 2600 SOUTHWEST THIRD AVENUE STE: 730
CITY-ST-ZIP MIAMI, FL 33129

TITLE MGRM
NAME E. ROSEPARC INVESTMENT, INC. 26%
STREET ADDRESS 2600 SOUTHWEST THIRD AVENUE STE: 730
CITY-ST-ZIP MIAMI, FL 33129

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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IN THIS SPACE**

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 correct 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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

05/03/05