


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000019805 1. Entity Name A SPECIAL ROSE, LLC |  |
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|---|---|
| Principal Place of Business 14546 BRUCE B. DOWNS BLVD. TAMPA, FL 33647 US | Mailing Address 14546 BRUCE B. DOWNS BLVD. TAMPA, FL 33647 US |
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03092005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 41-2097075 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**O'BERRY, ROSE
5100 BUNCHEE RD #1602
TAMPA, FL 33647**

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM O'BERRY, ROSE J 5100 BUNCHEE RD #1602 TAMPA, FL 33647 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STUART, SEAN 17443 SPRING VALLEY RD. DADE CITY, FL 335256255 |
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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 606, Florida Statutes.

SIGNATURE:  **Rose J O'Berry**
MANAGER
Date **3/9/05** Daytime Phone # **813-979-9453**