

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045194

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: ANGELROSE ENTERPRISES, LLC

## Current Principal Place of Business:

679 AVENIDA DEL NORTE  
SARASOTA, FL 34242

## New Principal Place of Business:

5652 EASTWIND DRIVE  
SARASOTA, FL 34233

## Current Mailing Address:

679 AVENIDA DEL NORTE  
SARASOTA, FL 34242

## New Mailing Address:

5652 EASTWIND DRIVE  
SARASOTA, FL 34233

FEI Number: 90-0124243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENBERG, MR DAVID M  
679 AVENIDA DEL NORTE  
SARASOTA, FL 34242

## Name and Address of New Registered Agent:

ROSENBERG, MR DAVID M  
5652 EASTWIND DRIVE  
SARASOTA, FL 34233

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: DAVID ROSENBERG

04/30/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ROSENBERG, DAVID M  
Address: 679 AVENIDA DEL NORTE  
City-St-Zip: SARASOTA, FL 34242

Title: MGRM ( ) Delete  
Name: ANGELOTTI, RICHARD A  
Address: 679 AVENIDA DEL NORTE  
City-St-Zip: SARASOTA, FL 34242

Title: MGRM ( ) Delete  
Name: ROSENBERG, EDWARD M  
Address: 679 AVENIDA DEL NORTE  
City-St-Zip: SARASOTA, FL 34242

Title: MGRM ( ) Delete  
Name: ROSENBERG, KATHY  
Address: 679 AVENIDA DEL NORTE  
City-St-Zip: SARASOTA, FL 34242

Title: MGRM (X) Delete  
Name: ANGELOTTI, CAROL  
Address: 679 AVENIDA DEL NORTE  
City-St-Zip: SARASOTA, FL 34242

## ADDITIONS/CHANGES:

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

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

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

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 Section 119.07(3)(i), 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: DAVID ROSENBERG

MGRM

04/30/2004

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