


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90431 020 \*\*\*\*50.00

<b>DOCUMENT # L03000045448</b>	
1. Entity Name <b>DEROSE INVESTMENTS, LLC</b>	

Principal Place of Business <b>1560 SOUTHWEST 14TH DRIVE BOCA RATON, FL 33486-6505</b>	Mailing Address <b>1560 SOUTHWEST 14TH DRIVE BOCA RATON, FL 33486-6505</b>
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2. Principal Place of Business <b>2424 N. Federal Hwy Suite, Apt. #, etc. Suite 455 City &amp; State Boca Raton FL Zip 33431 Country USA</b>	3. Mailing Address <b>2424 N. Federal Hwy Suite, Apt. #, etc. Suite 455 City &amp; State Boca Raton FL Zip 33431 Country USA</b>
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01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0413377</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CHRISTIAN, GARY I C/O RUMPH, STODDARD &amp; CHRISTIAN 3100 UNIVERSITY BLVD. SOUTH, SUITE 101 JACKSONVILLE, FL 32216</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  DATE **3/31/05**

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

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE DEROSSETT FAMILY LIMITED PARTNERSHIP 1950 SPECTRUM CIRCLE, SUITE 400 MARIETTA, GA 30067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG HOLDING, LLC 1560 SOUTHWEST 14TH DRIVE BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rosenberg Holdings, LLC 2424 N. Federal Hwy Ste 455 Boca Raton FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOL SPRINGS RANCH, LLC 289 CASTLE PLACE PAGOSA SPRINGS, CO 81147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE:  DATE **3/31/05** 501-416-9096

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