


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90050 036 ****50.00

DOCUMENT # L03000049586		
1. Entity Name ROSENSTEEL INVESTMENTS, LLC		

Principal Place of Business 12541 ULMERTON RD LARGO, FL 33771 US	Mailing Address 17082 DOLPHIN DRIVE NORTH REDINGTON BEACH, FL 33708 US
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2. Principal Place of Business 12541 Ulmerton Rd. Suite, Apt. #, etc. Suite A City & State Largo, FL Zip 33774 Country US	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01132006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0566415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENSTEEL, DANIEL S 17082 DOLPHIN DRIVE NORTH REDINGTON BEACH, FL 33708	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENSTEEL, DANIEL S 17082 DOLPHIN DR NORTH REDINGTON BEACH, FL 33708 <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
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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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____