

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jan 17, 2005  
Secretary of State**

DOCUMENT# L04000013896

Entity Name: ROSAR, LLC

**Current Principal Place of Business:**

711 SE 1ST AVENUE  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

711 SE 1ST AVENUE  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

FEI Number: 20-0759103      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUPRASKI, LOUIS A ESQ.  
2450 NE MIAMI GARDENS DRIVE  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33180 US

**Name and Address of New Registered Agent:**

ALPERN, JONNY MGRM  
19195 MYSTIC POINTE DRIVE  
1907  
AVENTURA, FL 33180 US

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: JONNY ALPERN

01/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALPERN, JONNY  
Address: 711 SE 1ST AVENUE  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM ( ) Delete  
Name: ALPERN, SARITA  
Address: 711 SE 1ST AVENUE  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM ( ) Delete  
Name: JUAN TYBERG, AS TRUS, TEE OF THE UNI T AS TRUS  
Address: 711 SE 1ST AVENUE  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGR ( ) Delete  
Name: ROSE TYBERG AS TRUST, EE OF THE UNIT A S TRUST  
Address: 711 SE 1ST AVENUE  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

**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:

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: JONNY ALPERN

MGRM

01/17/2005

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