

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90046 001 ****50.00

DOCUMENT # L04000021264

1. Entity Name
ROSEWOOD I, LLC



Principal Place of Business
4201 WESTGATE AVENUE
SUITE A-17
WEST PALM BEACH, FL 33409 US

Mailing Address
4201 WESTGATE AVENUE
SUITE A-17
WEST PALM BEACH, FL 33409 US

40057911



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3756328**
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTIER, PETE
4201 WESTGATE AVENUE
SUITE A-17
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
CARTIER REALTY, INC.
4201 WESTGATE AVENUE SUITE A-17
WEST PALM BEACH, FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
CARTIER, PETE
4201 WESTGATE AVENUE, UNIT B-1
WEST PALM BEACH, FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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

4/20/06

Date

Daytime Phone #