2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State
05-02-2005 90369 029 ****50.00

DOCUMENT # L04000021267

1. Entity Name
ROSEWOOD II, LLC

30010193

Principal Place of Business	Mailing Address
4201 WESTGATE AVE., UNIT B-1 WEST PALM BEACH, FL 33409	4201 WESTGATE AVE., UNIT B-1 WEST PALM BEACH, FL 33409

01192005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4201 Westgate Avenue		4201 Westgate Avenue	
Suite, Apt. #, etc. Unit A-17		Suite, Apt. #, etc. Unit A-17	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number N/A ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTIER, PETE 4201 WESTGATE AVE., UNIT B-1 WEST PALM BEACH, FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) 4201 Westgate Avenue Unit A-17 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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTIER REALTY, INC. 4201 WESTGATE AVE., UNIT B-1 WEST PALM BEACH, FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4201 Westgate Avenue Unit A-17	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTIER, PETE 4201 WESTGATE AVE., UNIT B-1 WEST PALM BEACH, FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #