

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 13, 2006 8:00 am
Secretary of State**

01-13-2006 90036 013 ****50.00

DOCUMENT # L04000025015

1. Entity Name
DUNE ROSE, LLC



Principal Place of Business
18911 COLLINS AVENUE, APT 1801
SUNNY ISLES, FL 33160

Mailing Address

18911 COLLINS AVENUE, APT 1801
SUNNY ISLES, FL 33160

2. Principal Place of Business

3. Mailing Address

145 E 49th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

145 E 49th

Zip

Zip

33160

Country

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1003615

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

BLACK, WILLIAM R ESQ
2691 E OAKLAND PARK BLVD., STE. 402
FT. LAUDERDALE, FL 33306

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)

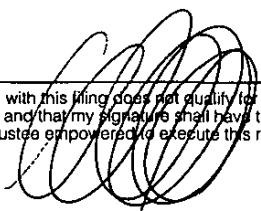
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIDSKY, CARLOS TRUSTEE		
STREET ADDRESS	18911 COLLINS AVENUE, APT 1801		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

1/9/06

Date

(305)
822-2100

Daytime Phone #