2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000025015

DUNE ROSE, LLC



Principal Place of Business

18911 COLLINS AVENUE, APT 1801 SUNNY ISLES, FL 33160

Mailing Address

145 E 49TH ST. HIALEAH, FL 33013

FILED Jan 12, 2007 8:00 am Secretary of State

01-12-2007 90028 028 ****50.00

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01052007 No Chg-LLC DO NOT WRITE IN THIS SPACE

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

BLACK, WILLIAM R ESQ 2691 E. OAKLAND PARK BLVD., STE. 402

DO NOT WRITE

FT. LAUDE	ERDALE, FL 33306	IN THIS SPACE
	named entity submits this statement for the purpose of changing its register ions of registered agent.	I ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE Registere	nd Agent signature required when reinstating) DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	-
IIILE	MGRM .	
NAME STREET ADDRESS	LIDSKY, CARLOS TRUSTEE 18911 COLLÍNS AVENUE, APT 1801	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
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TITLE		
NAME		
STREET ADDRESS		
CITY-S1-ZIP		
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11. I hereby certify that the information supplied with this indicated on this report is true and accurate and the limited liability company or the receiver or trustee in the company or the receiver or trustee in the company or the receiver or trustee. emptions contained in Chapter 119, Florida Statutes. I further certify that the information the legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

OR AUTHORIZED REPRESENTATIVE