
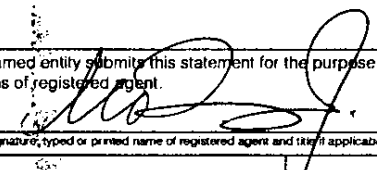


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90223 014 \*\*\*\*50.00

<b>DOCUMENT # L04000028324</b> 1. Entity Name <b>ROUSSE MARKETING LLC</b>					
Principal Place of Business <b>11549 48TH AVE N</b> <b>ST PETERSBURG, FL 33708 US</b>			Mailing Address <b>11549 48TH AVE N</b> <b>ST PETERSBURG, FL 33708 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>74-3119266</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HINDES, ROBERT J</b> <b>11549 48TH AVE N</b> <b>ST PETERSBURG, FL 33708</b>				7. Name and Address of New Registered Agent Name <b>MIGLENA B. HINDES</b> Street Address (P.O. Box Number is Not Acceptable) <b>11549 48th AVE N</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33708</b>	
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  <b>MIGLENA B. HINDES</b> DATE <b>6/05/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>HINDES, ROBERT J</b> <b>11549 48TH AVE N</b> <b>ST PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR M</b> <b>HINDES, MIGLENA B.</b> <b>11549 48th AVE N</b> <b>ST. PETERSBURG, FL 33708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>ROBERT J HINDES</b> DATE <b>6/5/07</b> DAYTIME PHONE # <b>722399-1899</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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