2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000034721

1. Entity Name
CAMELLIA ROSE, LLC

Principal Place of Business	Mailing Address
11505 EAST BROADWAY MANGO, FL 33550	P.O. BOX 428 MANGO, FL 33550

`q00000`

04072006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number	Applied For
06-1740510	Not Applicable

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

6. Name and Address of Current Registered Agent –

CARVER, CHARLES H
101 EAST KENNEDY BLVD.,
#4100
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name _ROBERT R. GARRETT_

Street Address (P.O. Box Number is Not Acceptable)
11505 E. BROADWAY AVE.
MANGO,   _FL 33550_

City _MANGO_   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 _Robert R. Garrett_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4/7/06

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	TITLE	☐ Change	☐ Addition
NAME	GARRETT, ELLEN D	☐ Delete	NAME	
STREET ADDRESS	3348 SILVERMOON DRIVE	STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP		
TITLE	MGRM	TITLE	☐ Change	☐ Addition
NAME	GARRETT, ROBERT R	☐ Delete	NAME	
STREET ADDRESS	3348 SILVERMOON DRIVE	STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: _Robert R. Garrett_   4/7/06   813-681-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #