## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000035642**

1. Entity Name
**ROSE-175/SR200, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 303 MAGNOLIA LAKE DRIVE | 303 MAGNOLIA LAKE DRIVE |
| LONGWOOD, FL 32779 | LONGWOOD, FL 32779 |

03152006   Chg-LLC      CR2E083 (11/05)

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | 4. FEI Number  NOT APPLICABLE — Applied For / Not Applicable |
| Zip / Country | Zip / Country | 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 |
|---|---|
| ROSE, JON E  303 MAGNOLIA LAKE DRIVE  LONGWOOD, FL 32779 | 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 MGR  NAME ROSE, JON E  STREET ADDRESS 303 MAGNOLIA LAKE DRIVE  CITY-ST-ZIP LONGWOOD, FL 32779 | ☐ 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 |
| 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 |
| 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 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:** _Jon Claul Rose_   3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #