

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90051 020 ****50.00

20040562



DOCUMENT # L04000035847	
1. Entity Name ROSEWOOD GOVERNMENT SERVICES, LLC	



Principal Place of Business 2010 NORTHEAST 7TH AVENUE SUITE 2 DANIA, FL 33004 US	Mailing Address 2010 NORTHEAST 7TH AVENUE SUITE 2 DANIA, FL 33004 US
---	---

2. Principal Place of Business P.O. Box 24903 Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
---	---

City & State Ft. Lauderdale, FL	City & State
------------------------------------	--------------

Zip 33307	Country USA	Zip	Country
--------------	----------------	-----	---------

03242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1997128	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent VITOLO, CHRISTINE ESQ. 2010 NORTHEAST 7TH AVENUE SUITE 2 DANIA, FL 33004	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1239 N.E. 8th Avenue City Ft. Lauderdale FL Zip Code 33304
--	--

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 <i>Christine Vitolo</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-19-05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VITOLO, CHRISTINE ESQ. 2010 NORTHEAST 7TH AVENUE, SUITE 2 DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1239 N.E. 8th Avenue Fort Lauderdale, FL 33304 <input checked="" 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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Christine Vitolo, Managing Member</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4-19-05 DAYTIME PHONE # 954-763-5488