

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90026 025 ****50.00

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| DOCUMENT # L04000035847 | | | | | |
| 1. Entity Name ROSEWOOD GOVERNMENT SERVICES, LLC | | | | | |
| Principal Place of Business PO BOX 24903 FORT LAUDERDALE, FL 33307 US | | | Mailing Address 2010 NORTHEAST 7TH AVENUE SUITE 2 DANIA, FL 33004 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address P.O. Box 24903 | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State Ft. Lauderdale, FL | | |
| Zip | | Country | | Zip 33307 | |
| Country | | Country USA | | 4. FEI Number 34-1997128 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| VITOLO, CHRISTINE ESQ. 1239 NE 8TH AVENUE DANIA, FL 33004 | | | Name Street Address (P.O. Box Number is Not Acceptable) 1210 N.E. 8th Avenue City Fort 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 | | | DATE <u>4-25-06</u> | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | (NOTE: Registered Agent signature required when reinstating) | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM VITOLO, CHRISTINE ESQ. 1239 NE 8TH AVENUE FORT LAUDERDALE, FL 33304 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1210 N.E. 8th Avenue Fort Lauderdale, FL 33304 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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 | 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: <u>CHRISTINE VITOLO</u> <u>4-25-06</u> <u>954-713-5488</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |