2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037649

Entity Name: ROSITA LLC

Current Principal Place of Business:	**New Principal Place of Business:**
6220 S ORANGE BLOSSOM TRAIL 175 ORLANDO, FL 32809	

Current Mailing Address:	**New Mailing Address:**
6220 S ORANGE BLOSSOM TRAIL 175 ORLANDO, FL 32809	

FEI Number: 87-0740974   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CRUZ, CASTILLO 6220 S OBT STE 175 ORLANDO, FL 32809 US	

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.

SIGNATURE: _____

            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	FARQUHARSON, BEULAH	Name:	FARQUHARSON, BEULAH
Address:	421 EAST VINE STREET	Address:	6220 S ORANGE BLOSSOM TRAIL
City-St-Zip:	KISSIMMEE, FL 34744 US	City-St-Zip:	ORLANDO, FL 32809 US
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CASTILLO, CRUZ E	Name:	
Address:	6220 S ORANGE BLOSSOM TRAIL	Address:	
City-St-Zip:	ORLANDO, FL 32809 US	City-St-Zip:	
Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	MCCLAIN, CLEO	Name:	
Address:	421 EAST VINE STREET	Address:	
City-St-Zip:	KISSIMMEE, FL 34744	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRUZ CASTILLO   MGRM   02/22/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date