

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State



DOCUMENT # L04000039094
1. Entity Name
DICK ROSENBOOM, LLC

Principal Place of Business 6208 NW 124TH STREET GAINESVILLE FL 32653	Mailing Address 6208 NW 124TH STREET GAINESVILLE FL 32653
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State	City & State
Zip	Country

4. FEI Number 34-2002928	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ROSENBOOM, JOHN R 6208 NW 124TH STREET GAINESVILLE FL 32653	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM <input type="checkbox"/> Delete ROSEBOOM, CAROL LEE 6208 NW 124TH STREET GAINESVILLE FL 32653
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM <input type="checkbox"/> Delete ROSENBOOM, JOHN R 6208 NW 124TH STREET GAINESVILLE FL 32653
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000601811 01/26/07-80065-009 50.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John R. Rosenboom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: *1/17/07* (352) 332-1750
Daytime Phone #