

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039393

FILED
Jul 24, 2005
Secretary of State

Entity Name: SANTA ROSA MANAGEMENT, LLC

Current Principal Place of Business:

140 TALL GRASS DRIVE
WAYNE, NJ 07470

New Principal Place of Business:

3968 HIGHWAY 4
JAY, FL 32565

Current Mailing Address:

140 TALL GRASS DRIVE
WAYNE, NJ 07470

New Mailing Address:

FEI Number: 20-1182370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
STE. E 773 4TH AVENUE NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: FRANK, WU MGR
Address: 9234 HWY 4
City-St-Zip: JAY, FL 32565

Title: MR. () Change (X) Addition
Name: MIKE, TERNG MGR
Address: 3968 HWY 4
City-St-Zip: JAY, FL 32565

Title: MR. () Change (X) Addition
Name: HUA-FENG, CHEN MGR
Address: 3968 HWY 4
City-St-Zip: JAY, FL 32565

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK WU

MR.

07/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date