

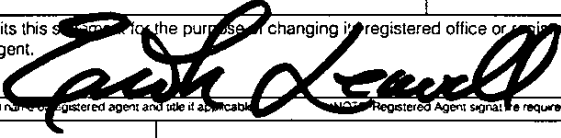
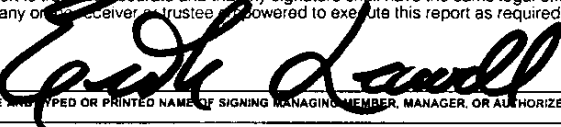


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90057 049 ****50.00

DOCUMENT # L04000058620 1. Entity Name ROSEDALE LAND & TITLE CO LLC					
Principal Place of Business 1114 N FEDERAL HWY SUITE 1 BOYNTON BEACH, FL 33435			Mailing Address PO BOX 3127 LANTANA, FL 33465		
2. Principal Place of Business 11911 U.S. Highway One Suite, Apt. #, etc. Suite 201-15		3. Mailing Address 60 N.E. 104 Street Suite, Apt. #, etc.			
City & State North Palm Beach FL		City & State Miami Shores FL		4. FEI Number 20-1462236	
Zip 33408		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAVELL, ERIK 8733 OLDHAM WAY WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Jan. 5, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. If a new Registered Agent sign-off is required when reinstating, DATE</small>					
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 LEAVELL, ERIK 8733 OLDHAM WAY WEST PALM BEACH, FL 33412 <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 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 receiver or trustee, or authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Jan. 5, 2006 561/424-0960 <small>Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>		