


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90054 031 \*\*\*\*50.00

|   |  |                     |  |   |  |
|---|--|---------------------|--|---|--|
| <b>DOCUMENT # L04000062987</b><br>1. Entity Name<br>LA ROSE PLAZA, LLC  |  |                     |  |  |  |
| Principal Place of Business<br>32 TORRINGTON ST.<br>PORT CHARLOTTE, FL 33954  |  |                     | Mailing Address<br>32 TORRINGTON ST.<br>PORT CHARLOTTE, FL 33954 |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  |   |  |
| City & State  |  | City & State        |  |   |  |
| Zip   | Country  | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |  |                     |  | 7. Name and Address of New Registered Agent                                       |  |
| HARRIS, NANCY J<br>32 TORRINGTON ST.<br>PORT CHARLOTTE, FL 33954  |  |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                     |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |  |                     |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>AMIKAR, MITHO L<br>32 TORRINGTON ST.<br>PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HARRIS, NANCY L<br>32 TORRINGTON ST.<br>PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-1540462

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/06