


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90157 030 ***150.00

DOCUMENT # L04000063172	
1. Entity Name ROSIE'S REALTY LLC	

Principal Place of Business G/O LAWRENCE H. FEDER, ESQ. 3900 HOLLYWOOD BLVD., SUITE T03 HOLLYWOOD FL 33021	Mailing Address C/O LAWRENCE H. FEDER, ESQ. 3900 HOLLYWOOD BLVD., SUITE 103 HOLLYWOOD FL 33021
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business 4470 SW 26 Avenue	3. Mailing Address 4470 SW 26 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT Lauderdale FL	City & State FT Lauderdale FL
Zip 33312	Zip 33312
Country USA	Country USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FEDER, LAWRENCE H ESQ. 3900 HOLLYWOOD BLVD., SUITE T03 HOLLYWOOD FL 33021	
7. Name and Address of New Registered Agent Name SIRANUSH KHACHATRYAN Street Address (P.O. Box Number is Not Acceptable) 4470 SW 26 Avenue City FT. Lauderdale FL Zip Code 33312	

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 **Siranush Khachatryan** (NOTE: Registered Agent signature required when reinstating) DATE **1/25/05**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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 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: **Siranush Khachatryan** DATE **1/25/05** 9549862564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Daytime Phone #