


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90283 021 ****50.00

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| DOCUMENT # L04000092584 | | | |  | |
| 1. Entity Name ROSCOBI PARTY, LLC | | | | | |
| Principal Place of Business 12851 S.W. 42ND STREET, SUITE #123 MIAMI, FL 33175 | | | Mailing Address 12851 S.W. 42ND STREET, SUITE #123 MIAMI, FL 33175 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-2058928 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COVOS, DAVID A 21060 N.E. 38TH AVE., #603 AVENTURA, FL 33180 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19401 N.E. 15th Court City North Miami Beach FL Zip Code 33179 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COVOS, DAVID A 12851 S.W. 42ND STREET, SUITE #123 MIAMI, FL 33175 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 19401 N.E. 15th Court North Miami Beach FL 33179 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BIMAN, ANDRES 12851 S.W. 42ND STREET, SUITE #123 MIAMI, FL 33175 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROSENBLAT, ARNALDO 12851 S.W. 42ND STREET, SUITE #123 MIAMI, FL 33175 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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: _____ <i>Andres Biman</i> 2/19/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |