


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90131 017 ****50.00

DOCUMENT # L05000021089
 1. Entity Name
WILD ROSE, LLC



Principal Place of Business Mailing Address
3320 5TH AVE SW **3320 5TH AVE SW**
NAPLES FL 34117 **NAPLES FL 34117**



2. Principal Place of Business 3. Mailing Address
7550 Mission Hills Dr **7550 Mission Hills Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 122 **Suite # 122**

1st MOORE CR2E083 (10/05)

City & State City & State
Naples FL **Naples FL**
 Zip Country Zip Country
34119 **USA** **34119** **USA**

4. FEI Number Applied For
20-2421462 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
DROUIN, KELLY C
3320 5TH AVE SW
NAPLES FL 34117

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 *Kelly C Drouin* DATE **3-2-06**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	DROUIN, KELLY C	
STREET ADDRESS	3320 5TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drouin, Kelly C	
STREET ADDRESS	7550 Mission Hills Dr # 122	
CITY-ST-ZIP	Naples FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kelly C Drouin* DATE: **3-2-06** TELEPHONE: **239 465 9012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dytierie Phone #