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Aug 18, 2006 8:00 am
Secretary of State
07-13-2006 90081 006 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026933

1. Entity Name
ROSWOOD VENTURES, LLC

Principal Place of Business	Mailing Address
2551 MONTCLAIRE CIRCLE WESTON, FL 33327	2551 MONTCLAIRE CIRCLE WESTON, FL 33327

07102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2400 N University Dr	Same
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.: 201
City & State: Pembroke Pines	City & State: FL
Zip: 33024 Country: Broward	Zip: 33024 Country: Broward

4. FEI Number: 202554782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHASE, ALAN R ESQ 9400 S. DADELAND BOULEVARD STE 600 MIAMI, FL 33156 2 305-670-0201	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by September 8, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	manager/president Babette Rosalen 2400 N. University Dr Pembroke Pines FL 33024 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	manager/pres-ent Babette Rosabal 2400 N University Dr. ~~Pembroke~~ Pembroke Pines FL 33024 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	pembroke pines vice president ass-manager ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	karen wood 2400 N. University Dr Pembroke pines FL 33024 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	karen wood 2400 N. University Dr pembroke pines FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Babette Rosalen 7-12-06 954-557-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

FEI 202554782