

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044372

FILED  
Sep 06, 2006  
Secretary of State

Entity Name: ROSMAR PROPERTIES LLC

**Current Principal Place of Business:**

9384 WATER COURSE WAY  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

9384 WATER COURSE WAY  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

FEI Number: 20-2786275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILLER, JOHN P  
2499 GLADES ROAD  
SUITE 305A  
BOCA RATON, FL 33431 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZIMMER, ROSINA  
Address: 9384 WATER COURSE WAY  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM ( ) Delete  
Name: FADEN, MARIA  
Address: 2115 BRYN MAWR PL  
City-St-Zip: ARDMORE, PA 19003 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSINA ZIMMER

MGRM

09/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date