


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000046072 1. Entity Name JOSEPH A. ROSE FAMILY LLC	
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Principal Place of Business 31 SCENIC HILL LANE MONROE, CT 06468	Mailing Address 31 SCENIC HILL LANE MONROE, CT 06468
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2512711	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

**Filing Fee is \$50.00
Due by May 1, 2007**

0000000613343
02/08/07-80067-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, JOSEPH A MD 31 SCENIC HILL LN MONROE, CT 06468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, ELIZABETH 31 SCENIC HILL LN MONROE, CT 06468
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Joseph A Rose MD Joseph A Rose MD Elizabeth Rose Elizabeth Rose 1/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #