2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

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Entity Name: SHARON ROSE INVESTMENTS LLC

Current Principal Place of Business:

441 N. HARBOR CITY BLVD
UNIT C7
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

441 N. HARBOR CITY BLVD
UNIT C7
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 30-0318021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLL, GERALD J
441 N. HARBOR CITY BLVD
UNIT C7
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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:	NOLL, GERALD J	
Address:	441 N. HARBOR CITY BLVD UNIT C7	
City-St-Zip:	MELBOURNE, FL 32935 US	
Title:	MGRM	( ) Delete
Name:	SOLY, PETER J	
Address:	186 ANDREWS LANE	
City-St-Zip:	CROSSVILLE, TN 38555 US	
Title:	MGRM	( ) Delete
Name:	NAJGER, SHARON T	
Address:	240 PROVINCIAL DRIVE	
City-St-Zip:	INDIALANTIC, FL 32903 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GERALD J. NOLL MGRM 01/17/2006

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