2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000092866

1. Entity Name
ROSAMILIA MARKETING, LLC

Principal Place of Business	Mailing Address
14014 SPOONBILL STREET NORTH JACKSONVILLE, FL 32224	14014 SPOONBILL STREET NORTH JACKSONVILLE, FL 32224

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country USA	Zip Country USA

01062006   Chg-LLC   CR2E083 (11/05)

4. FEI Number _14-1951064_ | Applied For |
| | Not Applicable |

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

6. Name and Address of Current Registered Agent

~~WATSON, TODD~~
~~7785 BAYMEADOWS WAY STE 107~~
~~JACKSONVILLE, FL 32256~~

7. Name and Address of New Registered Agent

Name _James P. Rosamilia_

Street Address (P.O. Box Number is Not Acceptable)
14014 Spoonbill Street North

City _Jacksonville_   FL   Zip Code _32224_

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 _James P. Rosamilia_   DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSAMILIA, JAMES P		NAME		
STREET ADDRESS	14014 SPOONBILL STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _James P. Rosamilia_   _904-220-9570_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #