FILED
Jun 02, 2008 8:00 am
Secretary of State
04-25-2008 90018 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

DOCUMENT # L05000093419

1. Entity Name
LA ROSA, LLC

30008443

Principal Place of Business	Mailing Address
2006 E 4TH AVENUE TAMPA, FL 33605	2701 N. ROCKY POINT DR. STE 900 TAMPA, FL 33607
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number ~~APPLIED FOR~~ 32-0197107 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
2701 N. ROCKY POINT DRIVE STE 900
TAMPA, FL 33607

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIVITELLO, ANTHONY 1700 SHERMAN AVENUE HAMDEN, CT 06514	☐ 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
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 608, Florida Statutes.

SIGNATURE: [signature] 4/21/08 203-915-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
300084463
#L0500093419

Form **SS-4** (Rev. February 2006)
Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN 32-0197107

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
La Rosa, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
1700 Sherman Avenue

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Hamden, CT 06514

5b City, state, and ZIP code

6 County and state where principal business is located
New Haven, CT

7a Name of principal officer, general partner, grantor, owner, or trustor
Anthony Civitello, Vice-President

7b SSN, ITIN, or EIN
048-48-9128

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ _____
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☒ Other nonprofit organization (specify) ▶ ~~community association~~ Group Exemption Number (GEN) ▶ _____
- ☒ Other (specify) ▶ LLC to develop property for condo's below.
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: _____ Foreign country: _____

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ Develop property at 1006 E. 4th Ave, Tampa, FL
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☒ Other (specify) ▶ ~~Created a Community Association~~
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year). See instructions.
~~03/22/2005~~ 3/9/2005

11 Closing month of accounting year
December

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ n/a

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
0	0	0

Do you expect to have $1,000 or less in employment tax liability for the calendar year? ☐ Yes ☐ No. (If you expect to pay $4,000 or less in wages, you can mark yes.)

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☒ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) ~~created a community association~~

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
n/a

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: Douglas Christy or Linda Busack
Designee's telephone number (include area code): (813) 639-9599
Address and ZIP code: 2701 N. Rocky Point Dr. #900, Tampa, FL 33607
Designee's fax number (include area code): (813) 639-1488

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.
Applicant's telephone number (include area code): (203) 848-1509
Name and title (type or print clearly) ▶ Anthony Civitello, Vice-President
Applicant's fax number (include area code): (203) 848-1514
Signature ▶ _____ Date ▶ 3/13/07