

FILED
Jun 01, 2007 8:00 am
Secretary of State

4/19/
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04-19-2007 90030 035 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000007025			
1. Entity Name ROSEBUD MANAGEMENT, L.L.C.			
Principal Place of Business 1067 SOUTH POINTE ALEXIS DRIVE TARPON SPRINGS, FL 34689		Mailing Address 1067 SOUTH POINTE ALEXIS DRIVE TARPON SPRINGS, FL 34689	
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
4. FEI Number		03272007 Chg-LLC CR26083 (12/06)	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDDLETON, ROSE F 1067 SOUTH POINTE ALEXIS DRIVE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent NAME Charles C. Middleton Street Address (P.O. Box Number is Not Acceptable) 1067 S. Pointe Alexis Drive City Tarpon Springs FL Zip Code 34689	
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 <i>[Signature]</i>		4/12/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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 <i>[Signature]</i>		3/27/07	