2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# L06000025608

Entity Name: ROSIE'S D'LITES LLC

Current Principal Place of Business:

217 MEADOW BEAUTY TERRACE
SANFORD, FL 32771

New Principal Place of Business:

280 S. SR 434
SUITE 1048
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

217 MEADOW BEAUTY TERRACE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 42-1696875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSENBLUM, DANNY
217 MEADOW BEAUTY TERRACE
SANFORD, FL 32771 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: ROSENBLUM, ELYSE
Address: 217 MEADOW BEAUTY TERRACE
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete
Name: ROSENBLUM, DANNY
Address: 217 MEADOW BEAUTY TERRACE
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete
Name: ROSENBLUM, MATTHEW
Address: 217 MEADOW BEAUTY TERRACE
City-St-Zip: SANFORD, FL 32771

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: DANNY ROSENBLUM CFO 02/21/2007

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