
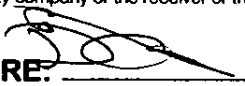


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90349 029 ****50.00

DOCUMENT # L06000047732 1. Entity Name ROSE POINTE LAND LLC			
Principal Place of Business 2806 W US 90 SUITE 101 LAKE CITY, FL 32055		Mailing Address 2806 W US 90 SUITE 101 LAKE CITY, FL 32055	
2. Principal Place of Business - No P.O. Box # 164 NW MADISON ST Suite, Apt. #, etc. SUITE 102 City & State LAKE CITY FL Zip 32055 Country USA		3. Mailing Address PO Box 3659 Suite, Apt. #, etc. City & State LAKE CITY FL Zip 32056 Country USA	
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W US 90 SUITE 101 LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 164 NW MADISON ST SUITE 102 City LAKE CITY FL Zip Code 32055	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
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 MGRM NAME CRAPPS, DANIEL STREET ADDRESS 2806 W US 90 SUITE 101 CITY-ST-ZIP LAKE CITY, FL 32055-32056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DANIEL CRAPPS MANAGER 4/27/07 386-755-5110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

40098176



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4777419** Applied For ☐ Not Applicable ☒

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