## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT CUMENT # L06000047732

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

DOCUMENT # L06000047732  1. Entity Name ROSE POINTE LAND LLC						90349 029 ****	
Principal Place of Business Mailing Address					41186005		
2806-W-US-90-SUITE 101 LAKE CITY, FL 32055		28 <del>06 W US 90 SUITE-101</del> — Lake City, FL 32055					
2. Principal Place of Business - No P.O. Box # 164 NW MASISONST		3. Mailing Address ADBOX 3659					
Suite, Apt. #, etc. 5 U.17 E 10 2		Suite, Apt. #, etc.		0426200	7 Chg-LLC	CR2E083 (12/0	6)
City & Stat		City & State		4. FEI Nu	mber		Applied For
Zip Country Zig		Zip Couptry		20-	4///4/7	\$5.00	Not Applicable Additional
<i>3</i> 20	255 -USA	32056	USA		ate of Status Desired	Fee Requ	
	6. Name and Address of Current R	tegistered Agent	Name	7. Name	and Address of New I	Registered Agent	
CRAPPS, DANIEL 2806 W US 90 SUITE-101 LAKE CITY, FL 32055			Street Ad	Idropa (D.A. Boy Mu	mber is Not Acceptable		
			164	NW M	130 N	37	
			SUI	TE 102			
			City	TKE-C17	4	FL 📆	2255
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or	registered agent, or	both, in the State of Fi	orida. I am familiar w	th, and accept
	on or regional agenti.						
SIGNATURE .	Signature, typed or printed name of registered agent en	1.W. 2. b. 11					
		to trite il applicable. (NOTE: He	gistered Agent signatur	re required when reinstating	)	DATE	
FI Do	ling Fee is \$50.00 ue by May 1, 2007	O me n appacable. (NU1E: He	gistered Agent signatur	re required when reinstating	Mal	DATE  ke check payable to Department of S	,
9.	iling Fee is \$50.00		gistered Agent signetur	re required when reinstuding	Mai Fiorid	ke check payable t	
9.	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM		10.	re required when reinstuding	Mai Fiorid	ke check payable t a Department of S	late :
9.	MANAGING MEMBER MGRM CRAPPS. DANIEL	IS/MANAGERS	10.	re required when reinstuding	Mai Fiorid	ke check payable to a Department of S	late :
9. TITLE NAME	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM	IS/MANAGERS  Delete  BV 3659	10. TITLE NAME	re required when reinstuding	Mai Fiorid	ke check payable to a Department of S	late :
9. TIFLE NAME STREET ADORESS CITY-ST-ZIP TIFLE	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806 W US 90 SUITE 101	IS/MANAGERS  Delete  BV 3659	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	re required when reinstuding	Mai Fiorid	ke check payable to a Department of S	tate :
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	IS/MANAGERS  Delete  BOX 3659  OS6	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	re required when reinstuding	Mai Fiorid	ke check payable to a Department of Standard	tate :
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	S/MANAGERS  Delete  SOX 3659  056	TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	re required when reinstating	Mai Fiorid	ke check payable to a Department of Standard	tate :
9.  III/LE  NAME  STREET ADDRESS  CITY-ST-ZIP  III/LE  NAME  STREET ADDRESS	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	IS/MANAGERS  Delete  BOX 3659  OS6	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	re required when reinstuding	Mai Fiorid	ke check payable to a Department of Standard	e Addition
9.  III/LE NAME STREET ADDRESS CITY-ST-ZIP III/LE NAME STREET ADDRESS CITY-ST-ZIP III/LE NAME STREET ADDRESS CITY-ST-ZIP III/LE NAME STREET ADDRESS	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	S/MANAGERS  Delete  SOX 3659  056	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	re required when reinstating	Mai Fiorid	ke check payable to a Department of STATES Change	e Addition
9. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	IS/MANAGERS  Delete  CS6  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	re required when reinstuding	Mai Fiorid	ke check payable to a Department of STATES  CHANGES  Chang	pe Addition  pe Addition  pe Addition
9.  III/LE NAME STREET ADDRESS CITY-ST-ZIP III/LE NAME STREET ADDRESS CITY-ST-ZIP III/LE NAME STREET ADDRESS CITY-ST-ZIP III/LE NAME STREET ADDRESS	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	S/MANAGERS  Delete  SOX 3659  056	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	re required when reinstating	Mai Fiorid	ke check payable to a Department of STATES Change	pe Addition  pe Addition  pe Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	IS/MANAGERS  Delete  CS6  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	re required when reinstating	Mai Fiorid	ke check payable to a Department of STATES  CHANGES  Chang	pe Addition  pe Addition  pe Addition
9.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	S/MANAGERS  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	re required when reinstating	Mai Fiorid	ke check payable t a Department of S /CHANGES  Chang Chang	pe Addition  pe Addition  pe Addition  pe Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	IS/MANAGERS  Delete  CS6  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	re required when reinstating	Mai Fiorid	ke check payable to a Department of STATES  CHANGES  Chang	pe Addition  pe Addition  pe Addition  pe Addition
9.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	S/MANAGERS  Delete  Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	re required when reinstating	Mai Fiorid	ke check payable t a Department of S /CHANGES  Chang Chang	pe Addition  pe Addition  pe Addition  pe Addition
9.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-SI-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	BS/MANAGERS Delete  BV 3659  O56 Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	re required when reinstating	Mai Fiorid	ke check payable t a Department of S  /CHANGES    Chang   Chang   Chang   Chang   Chang	pe Addition  pe Addition  pe Addition  pe Addition
9.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	S/MANAGERS  Delete  Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	re required when reinstating	Mai Fiorid	ke check payable t a Department of S /CHANGES  Chang Chang	pe Addition  pe Addition  pe Addition  pe Addition
9.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE	MANAGING MEMBER MGRM CRAPPS, DANIEL 2806-W-US-90 SUITE 101 FOL	BS/MANAGERS Delete  BV 3659  O56 Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	re required when reinstating	Mai Fiorid	ke check payable t a Department of S  /CHANGES    Chang   Chang   Chang   Chang   Chang	pe Addition  pe Addition  pe Addition  pe 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: DANIEZ CRAPPS MANAGE

14/27/07

386-755-51/1

Daytime Phone #