


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90087 028 ****50.00

DOCUMENT # L06000056762	
1. Entity Name ROSIE'S PUB, LLC	

Principal Place of Business 612 WIGGS CIRCLE DAVENPORT, FL 33897 US	Mailing Address 612 WIGGS CIRCLE DAVENPORT, FL 33897 US
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2. Principal Place of Business - No P.O. Box # 612 RIGGS CIRCLE	3. Mailing Address 612 RIGGS CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAVENPORT FL	City & State DAVENPORT FL
Zip 33897	Country US
Zip 33897	Country US



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4981831	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALI, AMEER 612 WIGGS CIRCLE DAVENPORT, FL 33897	7. Name and Address of New Registered Agent Name AMEER ALI Street Address (P.O. Box Number is Not Acceptable) 612 RIGGS CIRCLE City DAVENPORT FL Zip Code 33897
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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 AMEER ALI MGRM 1/22/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMEER, ALI 612 WIGGS CIRCLE DAVENPORT, FL 33897 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMEER ALI 612 RIGGS CIRCLE DAVENPORT FL 33897 <input checked="" 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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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: AMEER ALI MGRM 1/22/2007 8634200038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #