

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90357 038 ****50.00

DOCUMENT # L06000058605

1. Entity Name
ROSEMARY'S BABY, LLC



Principal Place of Business
**C/O JAMES AND ELLEN MCMANUS
932 AUTIN AVENUE
ATLANTA, GA 30307**

Mailing Address
**C/O JAMES AND ELLEN MCMANUS
932 AUTIN AVENUE
ATLANTA, GA 30307**

40064273



2. Principal Place of Business - No P.O. Box #
932 AUSTIN AVE
Suite, Apt. #, etc.

3. Mailing Address
932 AUSTIN AVE
Suite, Apt. #, etc.

01032007 Chg-LLC CR2E083 (12/06)

City & State
ATLANTA GA
Zip
30307 Country
U.S.A.

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ATLANTA GA
Zip
30307 Country
U.S.A.

4. FEI Number
20-5018442 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMMOND, STEPHANIE
87 MAY DRIVE
SANTA ROSE BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4545 E. COUNTY HWY 30A
SUITE C302
City
SANTA ROSA BEACH FL Zip Code
32459

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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCMANUS, JAMES B
932 AUSTIN AVENUE
ATLANTA, GA 30307** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCMANUS, ELLEN T
932 AUSTIN AVENUE
ATLANTA, GA 30307** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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: ELLEN MCMANUS **ELLEN MCMANUS** **4-12-07** **404-688-7635**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #