

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061065

Entity Name: ROSE BLUE L.L.C.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

17000 NORTH BAY RD. APT 1603
SUNNY ISLES, FL 33160

New Principal Place of Business:

320 188 STREET
SUNNY ISLES, FL 33160

Current Mailing Address:

17000 NORTH BAY RD. APT 1603
SUNNY ISLES, FL 33160

New Mailing Address:

320 188 STREET
SUNNY ISLES, FL 33160

FEI Number: 20-5073957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILAMOWSKY, JUAN JORGE
17000 NORTH BAY RD. APT 1603
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

WILAMOWSKY, JUAN JORGE
320 188 STREET
SUNNY ISLES, FL 33160 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILAMOWSKY, JUAN JORGE
Address: 17000 NORTH BAY RD. APT 1603
City-St-Zip: SUNNY ISLES, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILAMOWSKY, JUAN JORGE
Address: 320 188 STREET
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM () Change (X) Addition
Name: WILAMOWSKY, ROSA
Address: 320 188 STREET
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: JORGE WILAMOWSKY

MEM

04/24/2007

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