

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099392

FILED
May 01, 2008
Secretary of State

Entity Name: CANAAN ROSE, LLC

Current Principal Place of Business:

6505 NW 12TH AVENUE
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

1406 SE 36TH AVE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 20-5688973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CANAAN HOLDINGS, LLC,
Address: 5360 SW 86TH LANE
City-St-Zip: OCALA, FL 34476 US

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WASHINGTON, FRED E
Address: 5360 SW 86TH LANE
City-St-Zip: OCALA, FL 34476

Title: MGRM () Change (X) Addition
Name: WASHINGTON, ROSE P
Address: 5360 SW 86TH LANE
City-St-Zip: OCALA, FL 34476

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: ROSE WASHINGTON

MGRM

05/01/2008

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