

FILED
Jun 29, 2007 8:00 am
Secretary of State

05-02-2007 90347 032 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000100554			
1. Entity Name ROSADER INVESTMENT, LLC			
Principal Place of Business 11257 NW 62 TERRACE DORAL, FL 33178		Mailing Address 11257 NW 62 TERRACE DORAL, FL 33178	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent QUIK GROUP CORP. 1711 NW 154 PATH MIAMI, FL 33185		7. Name and Address of New Registered Agent Name <u>Taf Management Serv.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7955 NW 12 Street</u> Suite <u>400</u> City <u>Miami</u> FL Zip Code <u>33126</u>	
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 <u>[Signature]</u> DATE <u>4/25/07</u> Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IZQUIERDO, ROSALINDA 11257 NW 62 TERR DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARAU, FERNANDO A 11257 NW 62 TERR DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARAU, OLDAIR 11257 NW 62 TERR. DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARAU, FERNANDO 11257 NW 62 TERR DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: <u>[Signature]</u> DATE <u>4/25/07</u> 305 470-7504 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			