

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100554

FILED  
May 21, 2008  
Secretary of State

Entity Name: ROSADER INVESTMENT, LLC

**Current Principal Place of Business:**

11257 NW 62 TERRACE  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11257 NW 62 TERRACE  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 20-5715629      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:**

TAX MANAGEMENT SERVICE  
795 NW 12 ST  
MIAMI, FL 33126      US

**Name and Address of New Registered Agent:**

TAX MANAGEMENT SERVICES CORP  
1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172 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: EVELYN CHAPONICK

05/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: IZQUIERDO, ROSALINDA  
Address: 11257 NW 62 TERR  
City-St-Zip: DORAL, FL 33178

Title: MGR      ( ) Delete  
Name: ARAU, FERNANDO A  
Address: 11257 NW 62 TERR  
City-St-Zip: DORAL, FL 33178

Title: MGR      ( ) Delete  
Name: ARAU, OLDAIR  
Address: 11257 NW 62 TERR.  
City-St-Zip: DORAL, FL 33178

Title: MGR      ( ) Delete  
Name: ARAU, FERNANDO  
Address: 11257 NW 62 TERR  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

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

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

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

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

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: FERNANDO ARAU

MGR

05/21/2008

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