


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90029 023 \*\*\*\*50.00

<b>DOCUMENT # L06000113201</b>					
<b>1. Entity Name</b> ROSENBLUM ENTERPRISES, LLC					
<b>Principal Place of Business</b> 3152 FLORAL WAY EAST APOPKA, FL 32703 US			<b>Mailing Address</b> 3152 FLORAL WAY EAST APOPKA, FL 32703 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3152 FLORAL WAY EAST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3152 FLORAL WAY EAST Suite, Apt. #, etc.			
<b>City &amp; State</b> APOPKA FL		<b>City &amp; State</b> APOPKA FL		<b>4. FEI Number</b> 20-5705628	
<b>Zip</b> 32703		<b>Country</b> SEMINOLE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROSENBLUM, HOWARD M 3152 FLORAL WAY EAST APOPKA, FL 32703			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b> SIGNATURE: <u>Howard Rosenblum</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE:					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM ROSENBLUM, HOWARD M 3152 FLORAL WAY EAST APOPKA, FL 32703		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Howard Rosenblum</u> <span style="float: right;">4/22/07 407-4026876</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					