## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 24, 2008 8:00 am Secretary of State **DOCUMENT #L07000016193** 04-24-2008 90008 039 \*\*\*138.75 1. Entity Name SIX ROSES LLC Principal Place of Business Mailing Address 2343 NW 64TH STREET 2343 NW 64TH STREET BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent ハリビ KOSENBUSCH STEINBERG, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 2650 N MILITARY TRAIL STE 240 BOCA RATON, FL 33431 NW 2343 City 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. olenbulch SIGNATURE of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MAKENNE BOSONBORGI WORM ☐ Delete TITLE mGRM ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Addition ROSENIZUSCH STREET NAME NAME 2343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITS F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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**SIGNATURE**