## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 09, 2008 8:00 am Secretary of State **DOCUMENT # L07000038879** 01-09-2008 90019 043 \*\*\*143.75 1. Entity Name EOLA ROSE DEVELOPMENT, LLC Principal Place of Business Mailing Address 364 HARBOUR ISLAND ROAD 364 HARBOUR ISLAND ROAD ORLANDO, FL 32809 ORLANDO, FL 32809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip 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 PANTALEON, CHRISTOPHER D Street Address (P.O. Box Number is Not Acceptable) 364 HARBOUR ISLAND ROAD ORLANDO, FL 32809 City Zip Code 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 age CHRISTOPHER D. PANTALEON SIGNATURE 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 MGR T∏₹F Delete TITLE ☐ Change ☐ Addition PANTALEON, CHRISTOPHER D NAME NAME STREET ADDRESS 364 HARBOUR ISLAND ROAD STREET ADDRESS ORLANDO, FL 32809 CITY-ST-71P CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 11. I hereby certify that the information supplied with this filling 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 empewered to execute this report as required by Chapter 608, Florida Statutes.

CONSTURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**