

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066231

FILED
Apr 28, 2009
Secretary of State

Entity Name: ROSE ISLAND LEASING LLC

Current Principal Place of Business:

27 WEST HIGH POINT ROAD
STUART, FL 34996

New Principal Place of Business:

85 N SEWALLS POINT ROAD
STUART, FL 34996

Current Mailing Address:

27 WEST HIGH POINT ROAD
STUART, FL 34996

New Mailing Address:

85 N SEWALLS POINT ROAD
STUART, FL 34996

FEI Number: 77-0690547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASKY, WILLIAM M
27 WEST HIGH POINT ROAD
STUART, FL 34996 US

Name and Address of New Registered Agent:

LASKY, WILLIAM M
85 N SEWALLS POINT ROAD
STUART, FL 34996 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: WILLIAM LASKY

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LASKY, WILLIAM M
Address: 27 WEST HIGH POINT ROAD
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: LASKY, KAREN C
Address: 27 WEST HIGH POINT ROAD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LASKY, WILLIAM M
Address: 85 N SEWALLS POINT ROAD
City-St-Zip: STUART, FL 34996

Title: MGRM (X) Change () Addition
Name: LASKY, KAREN C
Address: 85 N SEWALLS POINT ROAD
City-St-Zip: STUART, FL 34996

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: KAREN LASKY

MGRM

04/28/2009

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