

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90016 019 \*\*\*138.75

**DOCUMENT # L07000081994**

1. Entity Name  
**ROSEDALE GARDENS EAT, LLC**



Principal Place of Business  
**ONE COLUMBUS CENTER  
SUITE 400  
VIRGINIA BEACH, VA 23462**

Mailing Address  
**ONE COLUMBUS CENTER  
SUITE 400  
VIRGINIA BEACH, VA 23462**

2. Principal Place of Business - No P.O. Box #  
**960 Sandfly Lane**

3. Mailing Address  
**960 Sandfly Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Vero Beach, FL**

City & State  
**Vero Beach, FL**

Zip Country  
**32963 USA**

Zip Country  
**32963 USA**

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**BLOCK, SAMUEL A  
21 ROYAL PALM POINTE  
SUITE 100  
VERO BEACH, FL 32960**

## 7. Name and Address of New Registered Agent

Name **Tracy Sells**  
Street Address (P.O. Box Number is Not Acceptable)  
**960 Sandfly Lane**  
City **Vero Beach** FL Zip Code **32963**

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.

SIGNATURE **Tracy M Sells**

4/28/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **INDEPENDENT TRUSTEES, INC.**  
STREET ADDRESS **ONE COLUMBUS CENTER, SUITE 400**  
CITY-ST-ZIP **VIRGINIA BEACH, VA 23462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **William H. Munn**  
STREET ADDRESS **960 Sandfly Lane**  
CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **Tracy Sells**

4/28/08 301-346-3937

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

Date

Daytime Phone #