## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113717

Entity Name: ROSHA VENTURES, LLC

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

471 TWIN LAKES DRIVE 39 SECOND CT

DEFUNIAK SPRINGS, FL 32433 US SANTA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2353

SANTA ROSA BEACH, FL 32459 US

FEI Number: 26-1492968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOWELL, WADE H
HOWELL, SHANNON W

471 TWIN LAKES DRIVE 39 SECOND CT

DEFUNIAK SPRINGS, FL 32433 US SANTA ROSA BEACH, FL 32459 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: SHANNON HOWELL 04/01/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 HOWELL, WADE H
 Name:
 HOWELL, SHANNON W

 Address:
 P. O. BOX 2353
 Address:
 P. O. BOX 2353

City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 OLIN, RYAN
 Name:

 Address:
 P. O. BOX 2353
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459 US
 City-St-Zip:

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: SHANNON HOWELL OWNE 04/01/2009