

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107062

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** ROSE BROTHERS HOLDINGS, LLC

**Current Principal Place of Business:**

14344 EAGLE POINT DRIVE  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20446  
ST. PETERSBURG, FL 33742

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

O'CONNOR, PATRICK M ESQ.  
1250 S. BELCHER ROAD, SUITE 160  
LARGO, FL 33771 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ROSE, MANUEL S M.D.  
Address: 14344 EAGLE POINT DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33742 US

Title: MGRM ( ) Change (X) Addition  
Name: ROSE, SUSAN  
Address: 14344 EAGLE POINT DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33742 US

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: MANUEL S ROSE

MGRM

05/05/2009

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