

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000030185

FILED
Apr 20, 2011
Secretary of State

Entity Name: ROSE PHARMACEUTICALS, LLC.

Current Principal Place of Business:

255 EVERNIA STREET
#1308
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

2335 SOUTH OCEAN BLVD
#D-13
PALM BEACH, FL 33480 US

Current Mailing Address:

255 EVERNIA STREET
#1308
WEST PALM BEACH, FL 33401 US

New Mailing Address:

2335 SOUTH OCEAN BLVD
#D-13
PALM BEACH, FL 33480 US

FEI Number: 32-0305607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RYSAVY, MATT
255 EVERNIA STREET
#1308
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

RYSAVY, MATT
2335 SOUTH OCEAN BLVD
#D-13
PALM BEACH, FL 33480 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:

04/20/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RYSAVY, MATT
Address: 2335 SOUTH OCEAN BLVD #D-13
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGRM
Name: ROSENBERG, MARK MD
Address: 2512 NORTH FEDERAL HIGHWAY SUITE 105
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM
Name: APPAJOSYULA, SIREESH
Address: 1600 EDMUND TERRACE
City-St-Zip: UNION, NJ 07083 US

Title: MGRM
Name: ROMAN MASTER PROPERTY HOLDING CO LLC
Address: 101 PUGLIESE'S WAY
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MGR
Name: FOREYT, JOHN P.
Address: 2335 SOUTH OCEAN BLVD #D-13
City-St-Zip: PALM BEACH, FL 33480 US

I hereby 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: MATT RYSAVY

MGRM

04/20/2011

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