

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0003366 AF

DOCUMENT # L98000000611

1. Entity Name  
ROSEWOOD RETIREMENT ADVISORY SERVICES, L.C.

01 APR 26 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1813 S ADAMS ST~~  
TALLAHASSEE FL 32301

Mailing Address

1813 S ADAMS ST  
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2160 CAPITAL CIRCLE NE

Suite, Apt. #, etc.

SUITE 110

City & State

TALLAHASSEE, FL

Zip

32308

Country

1

3. Mailing Address

2160 CAPITAL CIRCLE

Suite, Apt. #, etc.

SUITE 110

City & State

TALLAHASSEE, FL

Zip

32308

Country

4. FEI Number

59-3519945

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JAMES R  
3143 FERNS GLEN DRIVE  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
STREET ADDRESS ROBERTS, JAMES R  
CITY-ST-ZIP 3143 FERNS GLEN DRIVE  
TALLAHASSEE FL 32308 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000004191860-8  
CITY-ST-ZIP -05/09/01--01131--017  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

27 APR 01

850.412.0276

CR2E083 (11/00)