


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000002778</b> 1. Entity Name ROSEMONT PLAZA, L.L.C.	
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Principal Place of Business 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317	Mailing Address P.O. BOX 999 CHADDS FORD, PA 19317
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03302005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2426566	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BRANDYWINE FINANCIAL SERVICES CORP BRUCE E. MOORE 2631 MCCORMICK DRIVE CLEARWATER, FL 33759
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

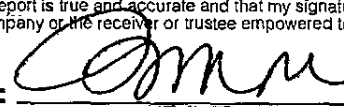
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKEMORE FAIRVIEW, LLC 2 PONDS EDGE DRIVE, PO BOX 500 CHADDS FORD, PA 19317
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<p><del>04/26/05 80095-013 55.00</del></p> <p>U00000333352 04/26/05-80095-013 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **Bruce E. Moore, Managing member of Parkemore Fairview, LLC, 4/18/05 (601) 388-9600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #