

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002731
 1. Entity Name
 ROSBOUGH FAMILY ENTERPRISES, LLC



Principal Place of Business: 7300 ROSBOUGH WAY, IMMOKALEE, FL 34142
 Mailing Address: P.O. BOX 3206, IMMOKALEE, FL 34143



02252005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3575484
 Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 HELLINGER, ANDREW B ESQ.
 200 SOUTH BISCAYNE BLVD., SUITE 2350
 MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent Signature required when changing agent) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSBOUGH, DANIEL G P.O. BOX 3206 IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSBOUGH, CAROLE P.O. BOX 3206 IMMOKALEE, FL 34142
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/07/05-80037-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Hauva Futch Justell* 4.4.05 2394573151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #
 Hauva Futch