

**2007 LIMITED LIABILITY COMPANY-  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L99000002731</b> 1. Entity Name ROSBOUGH FAMILY ENTERPRISES, LLC	
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Principal Place of Business 7300 ROSBOUGH WAY IMMOKALEE, FL 34142	Mailing Address P.O. BOX 3206 IMMOKALEE, FL 34143
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3575484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (ife if applicable) (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
Due by May 1, 2007**

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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032720070682410  
04/05/07-80001-025-5010

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Daniel G. Rosbough Daniel G. Rosbough 3-27-07 239657315  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #