

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000007896

1. Entity Name
ROSEBROOK FARMS, L.L.C.



Principal Place of Business
24191 SUELLEN DRIVE
BROOKSVILLE, FL 34601

Mailing Address
24191 SUELLEN DRIVE
BROOKSVILLE, FL 34601

**FILED
Jan 18, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3609759	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDRON, DIANNE
24191 SUELLEN DRIVE
BROOKSVILLE, FL 34601

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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:

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORDLAW MGMT., INC 24191 SUELLEN DRIVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000789407
01/22/08-80029-020 138.75

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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: *Dianne Waldron* **1/15/08** **(352)796.1451**

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

Date

Daytime Phone #