


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/19/2003-90063-044-\$50.00-\$50.00

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<b>DOCUMENT # M02000002398</b>		
1. Entity Name <b>ROSEMARY BEACH HOLDINGS, L.L.C.</b>		
Principal Place of Business 625 ST. CHARLES AVE., #5E NEW ORLEANS LA 70130		Mailing Address 625 ST. CHARLES AVE., #5E NEW ORLEANS LA 70130

FILED  
03 OCT -1 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>03-0481271</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANKLIN H. WATSON, P.A. 5365 E. COUNTRY HIGHWAY 30-A, SUITE 105 SEAGROVE BEACH FL 32459		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

\$0.00	<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By September 24, 2003
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME <i>MEM</i> STREET ADDRESS CITY-ST-ZIP	SHUSHAN, SALLY A HON. 625 ST. CHARLES AVE., #5E NEW ORLEANS LA 70130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <i>MEM</i> STREET ADDRESS CITY-ST-ZIP	Joseph B. Stradinger 1211 Washington St Vicksburg MS 39183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i>	<b>SIGNATURE REQUIRED</b>	9.14.03	601.661.6207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2003 (4/03)