
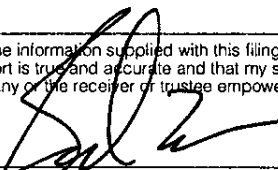


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90275 017 ****50.00

DOCUMENT # M03000001825					
1. Entity Name ROSEMARY B23L10 LLC					
Principal Place of Business 4390 POWERS FERRY ROAD ATLANTA, GA 30327			Mailing Address 4390 POWERS FERRY ROAD ATLANTA, GA 30327		
2. Principal Place of Business 8 Georgetown Ave Suite, Apt. #, etc. A			3. Mailing Address P.O. Box 411575 Suite, Apt. #, etc.		
City & State Rosemary Beach FL		City & State Rosemary Beach, FL		4. FEI Number 65-1167560	
Zip 32461		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. 5365 EAST COUNTY HIGHWAY 30-A, SUITE 105 SEAGROVE BEACH, FL 32459		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL		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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZEITLIN, BRAD 4390 POWERS FERRY ROAD ATLANTA, GA 30327	<input type="checkbox"/> Delete			
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: BRAD ZEITLIN 3/22/04 850-231-3995					
Daytime Phone #					

24038184



03182004 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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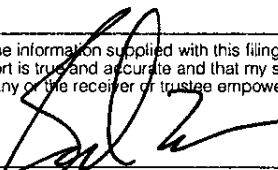
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZEITLIN, BRAD 4390 POWERS FERRY ROAD ATLANTA, GA 30327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8A Georgetown Ave Rosemary Beach, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Date: BRAD ZEITLIN 3/22/04 850-231-3995

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