



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M05000000627 1. Entity Name ROSENE-ST TOWER, LLC	
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Principal Place of Business 440 CABRILLO TERRACE CORONA DEL MAR, CA 92625	Mailing Address 440 CABRILLO TERRACE CORONA DEL MAR, CA 92625
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DO NOT WRITE IN THIS SPACE

	
01242008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number NOT APPLICABLE	Applied For 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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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

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

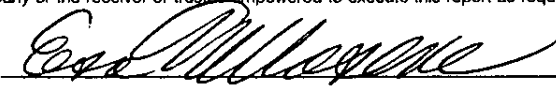
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENE, DENNIS 440 CABRILLO TERRACE CORONA DEL MAR, CA 92625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENE, ELSA 440 CABRILLO TERRACE CORONA DEL MAR, CA 92625
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DO NOT WRITE IN THIS SPACE

U00000803786  
02/05/08-80039-021 138.75

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:  (949)  
 1-23-08 760.2570  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #