

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011327

**Entity Name:** ROSEWOOD FORUM, L.L.C.

**Current Principal Place of Business:**

4001 NEWBERRY ROAD, SUITE C-2  
GAINESVILLE, FL 32607

**Current Mailing Address:**

4001 NEWBERRY ROAD, SUITE C-2  
GAINESVILLE, FL 32607

**FEI Number:** 13-4252690

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WARD, PETER H  
4001 NEWBERRY ROAD, SUITE C-1  
GAINESVILLE, FL 32607-2380 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DUPREE, SHERRY  
Address 1825 NW 22ND TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title MGRM  
Name DUPREE, HERBERT C  
Address 1825 NW 22ND TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title MGRM  
Name DUPREE, ANDRE E  
Address 1825 NW 22ND TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title MGRM  
Name DUPREE, ANDREW R  
Address 1825 NW 22ND TERRACE  
City-State-Zip: GAINESVILLE FL 32605

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHERRY DUPREE

**MANAGER**

**02/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date