


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Apr 15, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A02000000972**  
1. Entity Name  
**ROSSI FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
P.O. BOX 1527  
KEY WEST, FL 33041

Mailing Address  
P.O. BOX 1527  
KEY WEST, FL 33041



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04052004 Chg-LP CR2E003 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**32-0022148**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUTTENMACHER, EDWARD P  
2600 DOUGLAS RD., PENTHOUSE 8  
CORAL GABLES, FL 33134**

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 \_\_\_\_\_ DATE **4/5/04**

Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$900,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **900,000.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000085085	STREET ADDRESS	
NAME	M & M ENTERPRISES OF THE FLORIDA KEYS, INC	CITY - ST - ZIP	000000120476
STREET ADDRESS	P.O. BOX 1527		04/20/04 00011-013 526-25
CITY - ST - ZIP	KEY WEST, FL 33041		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE **4/5/04** DAYTIME PHONE # **305 296-5513**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER