


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # A0200000972<br>1. Entity Name<br>ROSSI FAMILY LIMITED PARTNERSHIP |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>P.O. BOX 1527<br>KEY WEST, FL 33041 | Mailing Address<br>P.O. BOX 1527<br>KEY WEST, FL 33041 |
|--|--|

DO NOT WRITE IN THIS SPACE



04272006 No Chg-LP      CR2E003 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>32-0022148                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

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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 4/27/06

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

FILE NOW!!! FEE IS \$500.00  
 After May 1, 2006, Fee will be \$900.00

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 |  |
|---------------------------------|--|
| DOCUMENT #                      | P94000085085                               |
| NAME                            | M & M ENTERPRISES OF THE FLORIDA KEYS, INC |
| STREET ADDRESS                  | P.O. BOX 1527                              |
| CITY - ST - ZIP                 | KEY WEST, FL 33041                         |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY - ST - ZIP                 |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY - ST - ZIP                 |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY - ST - ZIP                 |  |

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000000554122  
05/15/06-80079-017 500.00

STAPLE CHECK HERE

14. 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 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 4/27/06 DAYTIME PHONE # 305-296-5573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER