

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2013 OCT 24 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/24/13--01028--004 **1000.00

CR2E039 (1/11)

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A09000000529

1. Name of Limited Partnership

ROSEN Enterprises, LTD.

2. Principal Office Address - No P.O. Box #

277 Galeon Ct,

Suite, Apt. #, etc.

3. Mailing Office Address

277 Galeon Ct

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Formed or Registered To Do Business in Florida

7-29-09

5. FEI Number

27-1333163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SINGER BERNARD A

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

3107 STIRLING ROAD

Suite, Apt. #, Etc.

Suite 104

City

Fort Lauderdale

FL

Zip Code

33312

E-mail Address:

WROSEN55@gmail.com

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1900, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

REGISTERED AGENT MUST SIGN

DATE

10 8 13

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
ROSEN Management, LLC	277 Galeon Ct	Coral Gables, FL 33143	LO9000067686

S. HAWKES
OCT 25 2013
EXAMINER

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

DATE

10-15-13

Typed or Printed Name of General Partner Signing Form:

Drew Rosen, MGR of Rosen Management, LLC, GP

Phone Number

305-796-9874