

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 26 AM 8:34

DOCUMENT # A31609 1. Entity Name ROSARO HOLDINGS, LTD.	
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Principal Place of Business 3711 OTTAWA LANE COOPER CITY, FL 33026	Mailing Address 3711 OTTAWA LANE COOPER CITY, FL 33026
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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01262004	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0267537	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent KRAMER, ROBERT M. KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$257,900.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	SCHWARTZ, GARY B.	STREET ADDRESS	
NAME	3711 OTTAWA LANE	CITY-ST-ZIP	
STREET ADDRESS	COOPER CITY, FL 33026		
CITY-ST-ZIP		STREET ADDRESS	400028013364
		CITY-ST-ZIP	02/02/04--01060--001 **150.00
		STREET ADDRESS	400028013364
		CITY-ST-ZIP	03/11/04--01064--006 **376.25
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		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)(i), 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: *Gary B. Schwartz* **GARY B. SCHWARTZ MD** 1/27/04 954-966-6452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #