


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000196					
1. Entity Name SERENDIPITY PRODUCTIONS LIMITED PARTNERSHIP					
Principal Place of Business 1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605			Mailing Address 1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GROSS, ROCHELLE 1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
4. FEI Number 59-3640040				Applied For Not Applicable	
02072006 Chg-LP CR2E003 (11/05)					
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	H21559	STREET ADDRESS	000000418015 02/13/06-80080-003 500.00		
NAME	ROAL GROUP, INC.	CITY-ST-ZIP			
STREET ADDRESS	1602 3RD AVENUE, YBOR CITY				
CITY-ST-ZIP	TAMPA, FL 33605				
DOCUMENT #		STREET ADDRESS			
NAME	GROSS, ROCHELLE	CITY-ST-ZIP			
STREET ADDRESS	1602 E. 3RD AVE.				
CITY-ST-ZIP	TAMPA, FL 33605				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		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 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: Rochelle Gross Rochelle Gross 2.7.06 813-241-9213