


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

<b>DOCUMENT # B05000000275</b> 1. Entity Name <b>THE BRUCE AND ROCHELLE, LP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 FEB -6 AM 9:58

Principal Place of Business 1085 HWY A1A UNIT 1601 SATELLITE BEACH, FL 32937	Mailing Address 2001 GRAND ISLAND COURT LAS VEGAS, NV 89117
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DO NOT WRITE IN THIS SPACE

02012007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 86-0885579	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DEGALA, CESAR B  
 1085 HIGHWAY A1A, UNIT 1601  
 SATELLITE BEACH, FL 32937

DO NOT WRITE  
IN THIS SPACE

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.

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2007, 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 #	DEGALA, CESAR B
NAME	2001 GRAND ISLAND COURT
STREET ADDRESS	LAS VEGAS, NV 89117
CITY-ST-ZIP	
DOCUMENT #	DEGALA, LILY B
NAME	2001 GRAND ISLAND COURT
STREET ADDRESS	LAS VEGAS, NV 89117
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
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100088445491  
 02/15/07--01037--015 \*\*508.75

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: *[Signature]*      2/1/07 (702) 300 4162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #