


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000972	
1. Entity Name ROSSI FAMILY LIMITED PARTNERSHIP	

Principal Place of Business P.O. BOX 1527 KEY WEST, FL 33041	Mailing Address P.O. BOX 1527 KEY WEST, FL 33041
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 32-0022148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GUTTENMACHER, EDWARD P 2600 DOUGLAS RD., PENTHOUSE 8 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 4/5/04

9. Capital Contributions as Shown on record. \$900,000.00	10. Amount of Capital Contributions in FLORIDA to date. 900,000.00
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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 #	P94000085085	STREET ADDRESS	
NAME	M & M ENTERPRISES OF THE FLORIDA KEYS, INC	CITY - ST - ZIP	
STREET ADDRESS	P.O. BOX 1527		
CITY - ST - ZIP	KEY WEST, FL 33041		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 4/5/04 305-296-5513
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE