

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 9:44

<b>DOCUMENT # A99000000196</b>				
1. Entity Name <b>SERENDIPITY PRODUCTIONS LIMITED PARTNERSHIP</b>				
Principal Place of Business <b>1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605</b>		Mailing Address <b>1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Country		4. FEI Number <b>59-3640040</b>
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
<b>GROSS, ROCHELLE 1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605</b>				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City <b>FL</b> Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record: <b>\$50,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date: <b>\$10,000.00</b>		
<b>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.</b>				
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>H21559</b>	STREET ADDRESS		
NAME	<b>ROAL GROUP, INC.</b>	CITY-ST-ZIP		
STREET ADDRESS	<b>1602 3RD AVENUE, YBOR CITY</b>	STREET ADDRESS	<b>1602 E 3rd Ave.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33605</b>	CITY-ST-ZIP	<b>Tampa, FL 33605</b>	
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS	<b>300046086723</b>	
CITY-ST-ZIP		CITY-ST-ZIP	<b>02/07/05--01037--022 **158.75</b>	
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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)(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: <b>Rochelle Gross</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date <b>1-28-05</b>
				Daytime Phone # <b>813.241.9213</b>

STAPLE CHECK HERE