


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # A0200000972 |  |
| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



04272006 No Chg-LP CR2E003 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 32-0022148 | 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

GUTTENMACHER, EDWARD P
 2600 DOUGLAS RD., PENTHOUSE 8
 CORAL GABLES, FL 33134

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 4/27/06

Signature, typed or printed name of registered agent and title if applicable.

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 | |
|---------------------------------|--|
| DOCUMENT # | P94000085085 |
| NAME | M & M ENTERPRISES OF THE FLORIDA KEYS, INC |
| STREET ADDRESS | P.O. BOX 1527 |
| CITY - ST - ZIP | KEY WEST, FL 33041 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 05/15/06-80079-017 500.00

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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: _____ DATE 4/27/06 DAYTIME PHONE # 305-296-5573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER