

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000000775**

1. Entity Name  
**ROSEN MYRTLE BEACH, LTD.**



Principal Place of Business  
**2333 BRICKELL AVE.  
SUITE D-1  
MIAMI, FL 33129**

Mailing Address  
**2333 BRICKELL AVE.  
SUITE D-1  
MIAMI, FL 33129**



04222008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1109939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DAVID, MARY ANN Y ESQ.  
2333 BRICKELL AVE.  
SUITE D-1  
MIAMI, FL 33129**

**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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 # **L01000008958**  
NAME **CDR-ROSEN MYRTLE BEACH, LLC**  
STREET ADDRESS **2333 BRICKELL AVE.**  
CITY-ST-ZIP **MIAMI, FL 33129**

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000000930712  
05/21/08-80119-020 500.00

**DO NOT WRITE  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**CLIFFORD D. ROSEN**

**04-22-08**

**305.859.4900**

Date

Daytime Phone #

STAPLE CHECK HERE