2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A0000002008

1. Entity Name

ROSARETA PROPERTY MANAGEMENT, LTD.



Principal Place of Business

105 WEST 4TH STREET PANAMA CITY, FL 32401 Mailing Address

P.O. BOX 1359

PANAMA CITY, FL 32402

FILED Apr 08, 2008 08:00 A Secretary of State



03042008 No Chg-LP

CR2E003 (12/06)

59-3684176	-	Applied For Not Applicable
Contitions of Otation Designed	\$ 8.75	Additional

5. Certificate of Status Desired

♦6./ ⊃ Addition Fee Required

6. Name and Address of Current Registered Agent

ISLER, CHARLES S III 434 MAGNOLIA AVENUE PANAMA CITY, FL 32401

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.	12. GENERAL PARTNER INFORMATION		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P0000070543 MATILLIJA, INC.		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

14. Thereby certify that the information supplied with this filling 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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SKIJING GENERAL PARTNER

4/3/68

850-785-1418

Daytime Phone #