

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000000214

1. Entity Name
ROSANSKY FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**495 MCKINLEY DRIVE
SARASOTA, FL 34236**

Mailing Address
**495 MCKINLEY DRIVE
SARASOTA, FL 34236**



04142007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1072397	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSANSKY, MARTIN
495 MCKINLEY DRIVE
SARASOTA, FL 34236**

**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, 2007, 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 #	
NAME	ROSANSKY, MARTIN
STREET ADDRESS	495 MCKINLEY DRIVE
CITY - ST - ZIP	SARASOTA, FL 34236

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000000727635
05/04/07-80057-003 500.00

**DO NOT WRITE
IN THIS SPACE**

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: *Martin G. Rosansky* **201 965-3550**
4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Day

Daytime Phone #

STAPLE CHECK HERE