2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Jan 17, 2007 08:00 AM
Secretary of State

1. Entity Name ROSELLO FAMILY PARTNERSHIP, LTD.



Principal Place of Business 3403 TACON STREET, #B TAMPA, FL 33629 Mailing Address

3403 TACON STREET, #B TAMPA, FL 33629



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LP CR2E003 (12/06)

5. Certificate of Status Desired	\$8.75 Additional Fee Required
59-3737521	Not Applicable
4. FEI Number	Applied For

6. Name and Address of Current Registered Agent

ROSELLO, ALFREDO 3403 TACON STREET, #B TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
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 \$900.0	00
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P01000076726	
NAME	ROSELLO MANAGEMENT, INC.	
STREET ADDRESS	3403 TACON STREET, #B	U00000589772
CITY-ST-ZIP	TAMPA, FL 33629	01/18/07-80029-011 500.00
DOCUMENT #		01/10/01 00000 011 000*00
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		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:

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

COCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

10/07

813-831-8722