

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001702**

1. Entity Name  
**ROSECAN REALTY, LTD.**



Principal Place of Business  
**901 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

Mailing Address  
**901 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**



07092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**01-0674396**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**ROSECAN, LAUREN R  
901 N FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

**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 \$900.00**  
**On or after September 6, 2006, Fee will be \$1000.00**

**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 # **L01000021049**  
NAME **ROSECAN REALTY MANAGEMENT, LLC**  
STREET ADDRESS **901 N FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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U000000575635  
08/30/06-80002-005 900.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/28/06**

Date

**561-832-4411**

Daytime Phone #