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

## DOCUMENT # A01000001702

1. Entity Name ROSECAN REALTY, LTD.



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

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

901 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 01-0674396 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Addition

6. Name and Address of Current Registered Agent

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

1.01000021040

## 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 Forda, Lam-familiar with, and accept the obligations of registered agent.

14/30/08-80004-007-500.00

SIGNATURE

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

MIE

## 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.

GENERAL PARTNER INFORMATION

NAME	ROSECAN REALTY MANAGEMENT, LLC
STREET ADDRESS	901 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-7IP	
DOCUMENT /	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY_CT_7/D	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filips 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 sunature 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

4/11/08

561-832-4411

Daytime Phone #