

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
May 01, 2007 08:00 A  
Secretary of State**

**DOCUMENT # A02000000972**

1. Entity Name  
**ROSSI FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
P.O. BOX 1527  
KEY WEST, FL 33041

Mailing Address  
P.O. BOX 1527  
KEY WEST, FL 33041



04272007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0022148</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUTTENMACHER, EDWARD P  
2600 DOUGLAS RD., PENTHOUSE 8  
CORAL GABLES, FL 33134

**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 #	<b>P94000085085</b>
NAME	<b>M &amp; M ENTERPRISES OF THE FLORIDA KEYS, INC</b>
STREET ADDRESS	<b>P.O. BOX 1527</b>
CITY-ST-ZIP	<b>KEY WEST, FL 33041</b>

U00000752581  
05/21/07-80020-023 500.00

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**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/27/07**

Date

**305296-4890**

Daytime Phone #

STAPLE CHECK HERE