


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A02000001292</b>					
<b>1. Entity Name.</b> THE ROSSITER FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 5051 INDIGO BAY BLVD., STE. #102 ESTERO FL 33928			<b>Mailing Address</b> 5051 INDIGO BAY BLVD., STE. #102 ESTERO FL 33928		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b> ROSSITER, WILLIAM T 5051 INDIGO BAY BLVD., STE. #102 ESTERO FL 33928				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions</b> as Shown on record.		\$176,000.00		<b>10. Amount of Capital Contributions</b> in FLORIDA to date. \$176,000.00	
<b>11. MAKE CHECK PAYABLE TO FL DEPT OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ROSSITER, WILLIAM T		CITY-ST-ZIP		
STREET ADDRESS	5051 INDIGO BAY BLVD., STE. #102				
CITY-ST-ZIP	ESTERO FL 33928				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ROSSITER, TERRY P		CITY-ST-ZIP		
STREET ADDRESS	5051 INDIGO BAY BLVD., STE. #102				
CITY-ST-ZIP	ESTERO FL 33928				
DOCUMENT #	NAME		STREET ADDRESS		
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CITY-ST-ZIP					

**FILED**  
04 FEB 11 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



MOORE CR2E003 (11/03)

2/11

**4. FEI Number** ~~35-2187-235~~ **APPLIED FOR NEW** ☐ **Applied For**  
**Not Applicable**

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

**SIGNATURE**

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

DATE

**9. Capital Contributions**  
as Shown on record.

\$176,000.00

**10. Amount of Capital Contributions**  
in FLORIDA to date.

\$176,000.00

**11. MAKE CHECK PAYABLE TO FL DEPT OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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  
STREET ADDRESS  
CITY-ST-ZIP

ROSSITER, WILLIAM T  
5051 INDIGO BAY BLVD., STE. #102  
ESTERO FL 33928

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ROSSITER, TERRY P  
5051 INDIGO BAY BLVD., STE. #102  
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CITY-ST-ZIP

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  William T. Rossiter 2/1/04 239 498 9865  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE