

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**06 MAR -3 AM 9:50**

<b>DOCUMENT # A02000001292</b> 1. Entity Name <b>THE ROSSITER FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business 5051 INDIGO BAY BLVD., STE. #102 ESTERO, FL 33928		Mailing Address 5051 INDIGO BAY BLVD., STE. #102 ESTERO, FL 33928	
2. Principal Place of Business <b>2933 GOLF SIDE DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2933 GOLF SIDE DRIVE</b> Suite, Apt. #, etc.	
City & State <b>NAPLES, FLORIDA</b>		City & State <b>NAPLES, FLORIDA</b>	
Zip <b>34110</b>	Country <b>USA</b>	Zip <b>34110</b>	Country <b>USA</b>
4. FEI Number <b>35-2182235</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROSSITER, WILLIAM T</b> <b>5051 INDIGO BAY BLVD., STE. #102</b> <b>ESTERO, FL 33928</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
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 <i>William T Rossiter</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>William T Rossiter</i> <b>2/2/06</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$300.00</b> <b>After May 1, 2006, Fee will be \$900.00</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 CITY-ST-ZIP	<b>ROSSITER, WILLIAM T</b> <b>5051 INDIGO BAY BLVD., STE. #102</b> <b>ESTERO, FL 33928</b>	STREET ADDRESS CITY-ST-ZIP	<b>2933 GOLF SIDE DRIVE</b> <b>NAPLES, FLORIDA 34110</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSSITER, TERRY P</b> <b>5051 INDIGO BAY BLVD., STE. #102</b> <b>ESTERO, FL 33928</b>	STREET ADDRESS CITY-ST-ZIP	<b>2933 GOLF SIDE DRIVE</b> <b>NAPLES, FLORIDA 34110</b>
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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: <i>William T Rossiter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<i>William T. Rossiter</i> <b>2/2/06</b> <b>239 596 8717</b> <small>Date Daytime Phone #</small>	

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