

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JAN -8 AM 9:47

DOCUMENT # A02000001292

1. Entity Name
THE ROSSITER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 2933 GOLFSIDE DRIVE
 NAPLES, FL 34110

Mailing Address
 2933 GOLFSIDE DRIVE
 NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-LP

CR2E003 (12/06)

4. FEI Number
 35-2182235

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ROSSITER, William T.**
 Street Address (P.O. Box Number is Not Acceptable)
2933 GOLFSIDE DRIVE
 City **NAPLES** FL Zip Code **34110**

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 \$300.00
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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ROSSITER, WILLIAM T	2933 GOLFSIDE DRIVE	NAPLES, FL 34110
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ROSSITER, TERRY P	2933 GOLFSIDE DRIVE	NAPLES, FL 34110
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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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:

William T Rossiter
WILLIAM T ROSSITER

Date

Daytime Phone #

1/4/06 299 596 8717

STAPLE CHECK HERE