2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

DUE BY MAY 1, 2007							
DOCUMENT # A0300001155 1. Entity Name						FILED	
ROSENTHAL ENTERPRISES LTD.						2007 APR 13 AM 10: 07	
Principal Place of Business Mailing Address						MAIN IN I	
3250 SOUTH DIXIE HWY. MIAMI FL 33133			3250 SOUTH DIXIE HWY. MIAMI FL 33133			SECRETARY OF STATE	
Principal Place of Business - No P.O. Box # Add Mailing Add							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E003 (10/06)	
City & State			City & State		<u></u>	4. FEI Number AP-PLIED FOR Applied For Not Applicable	
Zip	p Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name an	d Address of Current F	Registered Agent		Ni	7. Name and Address of New Registered Agent	
					Name		
ROSENTHAL, VLADIMIR 3250 SOUTH DIXIE HWY. MIAMI FL 33133					Street Address (P.O. Box Number is Not Acceptable)		
WILNIE DO 700					City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its region.					ered office or registe		
accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered open and title if applicable.							
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.							
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		13.	,	ADDRESS CHANGES ONLY	
DOCUMENT #	P990007461	8		eint	ET ADDRESS		
NAME		HOLDINGS CORPOR			1 ADDIESS		
STREET ADDRESS CUTY-ST-ZIP	3250 SOUTH MIAMI FL 331			CITY	-ST ZIP	800097228538 04/17/0701045019 **\$00.00	
DOCUMENT≠ NAME				SIRE	LI ADDRESS		
STREET ADDRESS CITY+S1-ZIP				CITY	· ST- ZIP		
DOCUMENT / NAME				STRE	E1 ADORESS		
STREET ADDRESS CITY-ST-ZIP				CITY	- SI - ZIP		
DOCUMENT # NAME STREET ADDRESS				STRE	ET ADDRESS		
CITY ST ZIP				CITY	-SI-7IP		
DOCUMENT # NAMÉ				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	ST-ZIP		
DOCUMENT ≠ NAME				STRF	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	-ZIP				ST- ZIP		
14. I horeby 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: Clarker Sellin 3/2/07							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dayline Priore #							