
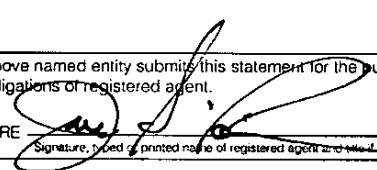
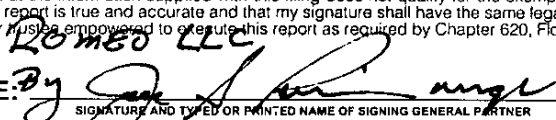


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:45

<b>DOCUMENT # A03000001475</b> 1. Entity Name ROSTA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3006 AVIATION AVE., STE. 4B COCONUT GROVE, FL 33133			Mailing Address 3006 AVIATION AVE., STE. 4B COCONUT GROVE, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02242006    Chg-LP    CR2E003 (11/05)	
Zip		Country		4. FEI Number 86-1086321	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONATHAN H. GREEN & ASSOCIATES, P.A.				Name Jerome S. Reisman, P.A.	
799 BRICKELL PLAZA, STE. 700				Street Address (P.O. Box Number is Not Acceptable)	
MIAMI, FL 33131				3006 Aviation Ave., Ste. 4B	
				City Coconut Grove    FL    Zip Code 33133	
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 				DATE 2/28/06	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
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 #	L03000035438		STREET ADDRESS		
NAME	ROMEO LLC		CITY-ST-ZIP		
STREET ADDRESS	3006 AVIATION AVE., STE. 4B				
CITY-ST-ZIP	COCONUT GROVE, FL 33133				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			700069070117 03/30/06--01068--008    **500.00		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			DATE 2/28/06		DAYTIME PHONE # (305) 856-1856

STAPLE CHECK HERE