

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000001324

1. Entity Name
ROSE M. EDWARDS FAMILY, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 14 AM 9:45

Principal Place of Business
5502 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990

Mailing Address
5502 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005

Chg-LP

CR2E003 (10/03)

4. FEI Number

11-3734463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHEL, LARRY
800 W. CYPRESS CREEK ROAD, STE. 470
FORT LAUDERDALE, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #	BRANDT, SANFORD R	STREET ADDRESS	
NAME	5502 SW SUNSHINE FARMS WAY	CITY-ST-ZIP	
STREET ADDRESS	PALM CITY, FL 34990		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200057766102
NAME		CITY-ST-ZIP	07/21/05--01075--015 **141.25
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STREET ADDRESS			
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: *Sanford R. Brandt* **R. BRANDT** 4/27/05 954-493-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone