2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Apr 25, 2007 08:00 AM Secretary of State **DOCUMENT # A04000001324** ROSE M. EDWARDS FAMILY, LTD. Principal Place of Business Mailing Address 5502 SW SUNSHINE FARMS WAY 5502 SW SUNSHINE FARMS WAY PALM CITY, FL 34990 PALM CITY, FL 34990 03032007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4 FFI Number 11-3734463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEGEL, LARRY CPA 800 W. CYPRESS CREEK ROAD, STE. 470 DO NOT WRITE FORT LAUDERDALE, FL 33309 IN THIS SPACE 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 FILE NOW!!! FEE IS \$500.00 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 DOCUMENT # NAME BRANDT, SANFORD R STREET ADDRESS 5502 SW SUNSHINE FARMS WAY CITY-ST-ZIP PALM CITY, FL 34990 U00000730934 05/08/07-80098-023 508.75 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # 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 eath; 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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP