

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001324 1. Entity Name ROSE M. EDWARDS FAMILY, LTD.	
---	---

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 - No P.O. Box # State, Apt. #, etc. City & State Zip Country	3. Mailing Address State, Apt. #, etc. City & State Zip Country
---	---

1st MOORE CR2E003 (10/07)

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

7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BRANDT, SANFORD R 5502 SW SUNSHINE FARMS WAY PALM CITY FL 34990	STREET ADDRESS CITY-ST-ZIP	000000913382 05/08/08-80038-014 508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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 110, 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* Gen. Partner **4/18/08 (712) 288-4368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dying Person *

STAPLE CHECK HERE