

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

**DOCUMENT # A05000000457**

1. Entity Name  
**ROSEWINDS INVESTMENTS, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 10 AM 9:12

Principal Place of Business  
 267 ROSEHILL DRIVE NORTH  
 TALLAHASSEE, FL 32312

Mailing Address  
 267 ROSEHILL DRIVE NORTH  
 TALLAHASSEE, FL 32312

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**20-2433500**

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

DEAN MEAD SERVICES, LLC  
 800 N. MAGNOLIA AVENUE STE 1500  
 ORLANDO, FL 32803

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L05000019729**  
 NAME **ROSEWINDS MANAGEMENT, LLC**  
 STREET ADDRESS **267 ROSEHILL DRIVE NORTH**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

STREET ADDRESS

CITY-ST-ZIP

**300072368773**

**04/27/06--01031--020 \*\*\$00.00**

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3/28/06**