

2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008****FILED****Mar 25, 2008 08:00 AM**
Secretary of State**DOCUMENT # A05000001112**1. Entity Name
MTW-ROSWELL, LTD.

Principal Place of Business

**2901 RIGSBY LANE
SAFETY HARBOR, FL 34695**

Mailing Address

**2901 RIGSBY LANE
SAFETY HARBOR, FL 34695**

02212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3612770

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****FORLIZZO, ROBERT A
2903 RIGSBY LANE
SAFETY HARBOR, FL 34695****DO NOT WRITE
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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00****U000000869568
04/09/08-80055-010 500.00****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 # P03000048889
NAME PDG II, INC.
STREET ADDRESS 2901 RIGSBY LANE
CITY-ST-ZIP SAFETY HARBOR, FL 34695****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****DO NOT WRITE
IN THIS SPACE****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:****David A. P. - V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-20-08 727-726-1115

Date

Daytime Phone #

STATE OF FLORIDA