

**2009 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# A08000000820

Entity Name: LA ROSA FAMILY ENTERPRISES, LLLP

**Current Principal Place of Business:**

801 OAK SHADOWS ROAD  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 OAK SHADOWS ROAD  
CELEBRATION, FL 34747 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAW OFFICES OF FRYE & ASSOCIATES, PL  
20900 WEST DIXIE HIGHWAY  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:  
Name: LA ROSA, ANDREW TRUSTEE  
Address: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747 US  
Document #:  
Name: LA ROSA, GRACIELA TRUSTEE  
Address: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:  
  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW LA ROSA TRUSTEE

\_\_\_\_\_  
Electronic Signature of Signing General Partner

GP

04/28/2009

\_\_\_\_\_  
Date