

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A08000000820

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**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: 26-3411292

FEI Number Applied For ( )

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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

I hereby 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: LA ROSA ANDREW TRUSTEE

GP

04/28/2011

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

\_\_\_\_\_  
Date