

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 JAN 27 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008049 AT

DOCUMENT # A13274 1. Entity Name ROSEMONT HOMES, LTD.	
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Principal Place of Business 123 WISTERIA DR LONGWOOD FL 32779	Mailing Address 123 WISTERIA DR LONGWOOD FL 32779
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2225051	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent RIZZO, GUY T. 123 WISTERIA DRIVE LONGWOOD FL 32779	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ Zip Code _____
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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 title if applicable.

9. Capital Contributions as Shown on record. \$5,500.00	10. Amount of Capital Contributions in FLORIDA to date. 0	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 RIZZO, GUY 123 WISTERIA DR. LONGWOOD FL	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 exemption stated in Section 119.07(3)(i), 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]* 1/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

CR2E003 (10/02)