


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008014 AT

DOCUMENT # A30287

1. Entity Name
ROSIER LIMITED PARTNERSHIP



FILED

03 MAY -5 PM 7:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business C/O STANLEY B. ROSIER P.O. BOX 606 SANFORD FL 32771	Mailing Address C/O STANLEY B. ROSIER P.O. BOX 606 SANFORD FL 32771
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2. Principal Place of Business P.O. Box 883	3. Mailing Address P.O. Box 883
Suite, Apt. #, etc.	Suite/Apt. #, etc.

DUE BY MAY 1, 2003

City & State Mt. Dora FL	City & State Mt. Dora, FL	4. FEI Number 59-3039604	Applied For <input type="checkbox"/>
Zip 32756	Country USA	Zip 32757	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSIER, STANLEY B
111 NORTH FRENCH AVENUE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
100 S. Tremain St. 6-3

City **Mt. Dora** **FL** Zip Code **32757**

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. \$410,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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	
DOCUMENT #	ROSIER, STANLEY B
NAME	111 NORTH FRENCH AVE.
STREET ADDRESS	SANFORD FL
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	100 S. Tremain St. 6-3
CITY-ST-ZIP	Mt. Dora, FL 32757
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800018006408
CITY-ST-ZIP	05/05/03--01055--007 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
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: Stanley B Rosier **4/29/03** **352-383-4141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE