

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 17 AM 9:30

DOCUMENT # A30351 1. Entity Name ROSEWOOD MANOR LTD.					
Principal Place of Business 1343 MAIN STREET 5TH FLOOR SARASOTA, FL 34236			Mailing Address 4255 52ND PLACE W. BRADENTON, FL 34210		
2. Principal Place of Business 4255 52nd Place W		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272006 Chg-LP CR2E003 (11/05)	
City & State Bradenton FL		City & State		4. FEI Number 59-2966957	
Zip 34210		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANNAUSA, THOMAS J. 1343 MAIN STREET 5TH FLOOR 4255 52nd Place W SARASOTA, FL 34236 Bradenton FL 34210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MANNAUSA, THOMAS J.		CITY-ST-ZIP		
STREET ADDRESS	1343 MAIN STREET 4255 52nd Place West		CITY-ST-ZIP		
CITY-ST-ZIP	SARASOTA, FL Bradenton, FL 34210		STREET ADDRESS	700069067577	
DOCUMENT #			CITY-ST-ZIP	03/30/06--01065--003 **508.75	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 2/6/06 Daytime Phone #: 944 365 154		

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