## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED Jan 23, 2007 08:00 AM Secretary of State

DOCUMENT #A9	330000	00875
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Entity Name
 ROSEMONT MANOR LTD.



Principal Place of Business

STAPLE CHECK MERE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

1801 NORTH COUNTY ROAD, 19A EUSTIS, FL 32726 Mailing Address

3111 PACES MILL ROAD, SUITE A-250 C/O HALLMARK GROUP ATLANTA, GA 30339



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number			Applied For
59-3198217	_		Not Applicable
5. Certificate of Status Desired	X	\$8.75 Fee Re	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA, LLC 4040 NEWBERRY RD, STE. 1000 GAINESVILLE, FL 32607 DO NOT WRITE

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	Signature, typed or printed name of registered agent and title if applicable.	DATE			
	FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$900	<u> </u>			
		TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  ne form; an amendment must be filed to change a general partner.			
12.	GENERAL PARTNER INFORMATION	Control of the state of the control			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	M03000001595 HALLMARK GROUP SERVICES OF FLORIDA, LLC 3111 PACES MILL ROAD, SUITE A-250 ATLANTA, GA 30339				
DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP		U00000599967 01/25/07-80048-023 508.75			
DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT #					

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Porida 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 Poexecus this report as required by Chapter 620, Forida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER