


# 2001 UNIFORM BUSINESS REPORT (UBR)

0015082 AF

**DOCUMENT # A94000001394**  
 1. Entity Name  
**LAROSA FAMILY LIMITED PARTNERSHIP**

**FILED**  
 01 MAR 21 PM 12:57  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  


Principal Place of Business      Mailing Address  
**LAKE ORIOLE RANCH**      **LAKE ORIOLE RANCH**  
**8481 CROOM RITAL RD.**      **8481 CROOM RITAL RD.**  
**BROOKSVILLE FL 34602**      **BROOKSVILLE FL 34602**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number **59-3275350**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GASSMAN, ALAN S**  
**8481 CROOM RITAL RD.**  
**BROOKSVILLE FL 34602**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>P94000065521</b>
NAME	<b>LAKE ORIOLE RANCH, INC.</b>
STREET ADDRESS	<b>8481 CROOM RITAL RD.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34602</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900003892649--0</b>
CITY-ST-ZIP	<b>03/22/01 01058-032</b>
STREET ADDRESS	<b>***141.25 ***141.25</b>
CITY-ST-ZIP	
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: *Dorothy C. La Rosa* (Dorothy C. La Rosa) 3/13/01 352-799-5202  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)