

2002 UNIFORM BUSINESS REPORT (UBR)

CU12889 AI

DOCUMENT # A94000001394

1. Entity Name

LAROSA FAMILY LIMITED PARTNERSHIP

FILED

02 FEB -7 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**LAKE ORIOLE RANCH
8481 CROOM RITAL RD.
BROOKSVILLE FL 34602**

Mailing Address

**LAKE ORIOLE RANCH
8481 CROOM RITAL RD.
BROOKSVILLE FL 34602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3275350

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASSMAN, ALAN S
8481 CROOM RITAL RD.
BROOKSVILLE FL 34602**

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

Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P94000065521
NAME	LAKE ORIOLE RANCH, INC.
STREET ADDRESS	8481 CROOM RITAL RD.
CITY-ST-ZIP	BROOKSVILLE FL 34602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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

Donothy C. LaRosa

SIGNATURE:

Donothy C. LaRosa
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/4/02

Date

352-799-5202

Daytime Phone #

CR2E003 (9/01)