


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

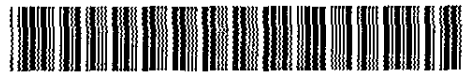
DOCUMENT # A94000091394
1. Entity Name
LAROSA FAMILY LIMITED PARTNERSHIP



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

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

City & State City & State
Zip Country Zip Country



MOORE CR2E003 (11/03)

4. FEI Number Applied For
59-3275350 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. 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. \$100.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	STREET ADDRESS	
NAME	LAKE ORIOLE RANCH, INC.	CITY-ST-ZIP	
STREET ADDRESS	8481 CROOM RITAL RD.		U00000146689
CITY-ST-ZIP	BROOKSVILLE FL 34602		05/03/04-80075-016 141 25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  3/30/04 352-1799-5202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Telephone #