


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -1 AM 8:59

DOCUMENT # A94000001394				
1. Entity Name LAROSA FAMILY LIMITED PARTNERSHIP				
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.		
City & State		City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. 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>				
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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.			
CITY-ST-ZIP	BROOKSVILLE, FL 34602			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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NAME			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: <u>W. R. La Rosa</u> WILLIAM R. LA ROSA <u>7/5/05</u> 352-799-5202				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date</small>
				<small>Office Phone #</small>

STAPLE CHECK HERE

[Handwritten signature]



06302005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3275350

Applied For
Not Applicable

FL

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