

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A94000001394  
 1. Entity Name  
 LAROSA FAMILY LIMITED PARTNERSHIP



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



**DO NOT WRITE IN THIS SPACE**

07092007 No Chg-LP      CR2E003 (12/06)  
 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

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 #	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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000769575  
 07/19/07-80006 007 900.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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      7/10/07      352-799-5202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

Dorothy C. La Rosa