

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016176 AT

**DOCUMENT # A94000001394**



1. Entity Name  
**LAROSA FAMILY LIMITED PARTNERSHIP**

**FILED**

**2003 APR 17 AM 8:40**

**DIVISION OF CORPORATIONS  
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, 2003**

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. I am familiar with, and accept the obligations of registered agent.

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

STREET ADDRESS  
CITY-ST-ZIP

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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:

**WILLIAM R. LAROSA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9/7/03 352-799-5202**  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE