


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Mar 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # A94000001573

1. Entity Name
J/F/J ROSSELLO FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address

**JOHN ROSSELLO
3501-B N. PONCE DELEON BLVD., #188
ST. AUGUSTINE FL 32095**

**JOHN ROSSELLO
3501-B N. PONCE DELEON BLVD., #188
ST. AUGUSTINE FL 32095**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **65-0551888** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSSELLO, JOHN
103 TRECOTT
EAST PALATKA FL 32131**

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME	STREET ADDRESS	
	ROSSELLO, JOHN		
STREET ADDRESS	103 TRECOTT	CITY - ST - ZIP	
	EAST PALATKA FL 32131		00000488007
			04/14/06-80015-018 500.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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STREET ADDRESS		CITY - ST - ZIP	

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: *John Rosello*