## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A94000001573

103 TRESCOTT

EAST PALATKA, FL 32131

Address:

City-St-Zip:

Entity Name: J/F/J ROSSELLO FAMILY LIMITED PARTNERSHIP

FILED Mar 07, 2008 Secretary of State

| Current Principal Place of Business:                          |                                  | New Principal Place of Business:          |                                       |
|---|----------------------------------|---|---------------------------------------|
| JOHN ROSSELLO<br>3501-B N. PONCE DELE<br>ST. AUGUSTINE, FL 32 |                                  |   |                                       |
| Current Mailing Address:                                      |                                  | New Mailing Address:                      |                                       |
| JOHN ROSSELLO<br>3501-B N. PONCE DELE<br>ST. AUGUSTINE, FL 32 |                                  |   |                                       |
| FEI Number: 65-0551888  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent:                 |                                  | Name and Address of New Registered Agent: |                                       |
| ROSSELLO, JOHN<br>103 TRESCOTT<br>EAST PALATKA, FL 321        | 131 US                           |   |                                       |
| The above named entity in the State of Florida.               | submits this statement for the p | ourpose of changing its registered        | d office or registered agent, or both |
| SIGNATURE:  |                                  |   |                                       |
| Electron  | nic Signature of Registered Age  | ent                                       | Date                                  |
| GENERAL PARTNER INFORMATION:                                  |                                  | ADDRESS CHANGES ONL                       | Y:                                    |
| Document #: Name: ROSSELLO, JO                                | DHN                              |   |                                       |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 ROSSELLO GP 03/07/2008