

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001573

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

JOHN ROSSELLO  
3501-B N. PONCE DELEON BLVD., #188  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

JOHN ROSSELLO  
103 TRESKOT COURT  
EAST PALATKA, FL 32131

**Current Mailing Address:**

JOHN ROSSELLO  
3501-B N. PONCE DELEON BLVD., #188  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

JOHN ROSSELLO  
PO BOX 128  
SEADRIFT, TX 77983

FEI Number: 65-0551888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSSELLO, JOHN  
103 TRESKOTT  
EAST PALATKA, FL 32131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:  
Name: ROSSELLO, JOHN  
Address: 103 TRESKOTT  
City-St-Zip: EAST PALATKA, FL 32131

**ADDRESS CHANGES ONLY:**

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

MR

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date