


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 08, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A96000001353 1. Entity Name ROSEMONT MANOR II LTD.					
Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY, FL 32669			Mailing Address 20721 S.W. 46TH AVE. NEWBERRY, FL 32669		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3408558			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE, FL 32607				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	484037		STREET ADDRESS		
NAME	DAVIS PROPERTY MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	20725 SW 46TH AVENUE				
CITY-ST-ZIP	NEWBERRY, FL 32669				
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>				<small>Daytime Phone #</small>	



03312005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3408558

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

ADAMS, SUSAN
 HALLMARK MANAGEMENT, INC.
 4040 NEWBERRY ROAD., SUITE 1000
 GAINESVILLE, FL 32607

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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12. GENERAL PARTNER INFORMATION

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 STREET ADDRESS 20725 SW 46TH AVENUE
 CITY-ST-ZIP NEWBERRY, FL 32669

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13. ADDRESS CHANGES ONLY

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE