

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

DOCUMENT # A96000001353

1. Entity Name

ROSEMONT MANOR II LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 9:31

Principal Place of Business

4040 NEWBERRY ROAD, SUITE 1000
 GAINESVILLE FL 32607

Mailing Address

4040 NEWBERRY ROAD, SUITE 1000
 GAINESVILLE FL 32607

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3111 Paces mill Rd

Suite, Apt. #, etc.

Suite A-250

City & State

City & State

Atlanta GA

Zip

Country

Zip

30339

Country

USA

4. FEI Number

59-3408558

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN
 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

DOCUMENT # M03000001595
 NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC
 STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250
 CITY-ST-ZIP ATLANTA GA 30339

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000069066890

03/30/06--01063--020 **508.75

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:

Susan Adams

3-2-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE