


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A96000001353	
1. Entity Name ROSEMONT MANOR II LTD.	

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 3:56



Principal Place of Business 1700 NORTH COUNTRY RD 19A EUSTIS FL 32726	Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA GA 30339
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2. Principal Place of Business - No P.O. Box # 1799 N. COUNTY RD.	3. Mailing Address
Suite, Apt. #, etc. #19A	Suite, Apt. #, etc.
City & State EUSTIS, FL	City & State
Zip 32726	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3408558	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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	DATE 200122866372 04/10/08--01016--010 **508.75

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	M03000001595	STREET ADDRESS	
NAME	HALLMARK GROUP SERVICES OF FLORIDA, LLC	CITY-ST-ZIP	
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250		
CITY-ST-ZIP	ATLANTA GA 30339		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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: 	Date: 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE