

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

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000016
1. Entity Name
ROOSEVELT SQUARE LIMITED LIABILITY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
ONE PEACHTREE POINT, STE. 250 **ONE PEACHTREE POINT, STE. 250**
1545 PEACHTREE STREET **1545 PEACHTREE STREET**
ATLANTA GA 30309 **ATLANTA GA 30309**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1st MOORE CR2E003 (10/05)

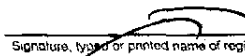
4. FEI Number **58-2275881** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TERRY, WILLIAM J
101 EAST KENNEDY BLVD., SUITE 2560
TAMPA FL 33602

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 **02/07/06-80014-017 500.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000023128 ROOSEVELT SQUARE MANAGER, INC. 1545 PEACHTREE STREET, SUITE 250 ATLANTA GA 30309 <i>FLO229</i> <i>240-7770</i>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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STAPLE CHECK HERE

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**
Date Daytime Phone #