

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000000016

1. Entity Name
ROOSEVELT SQUARE LIMITED LIABILITY LIMITED PARTNERSHIP



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

Mailing Address
**ONE PEACHTREE POINT, STE. 250
1545 PEACHTREE STREET
ATLANTA, GA 30309**



01042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 # **P02000023128**
NAME **ROOSEVELT SQUARE MANAGER, INC.**
STREET ADDRESS **1545 PEACHTREE STREET, SUITE 250**
CITY-ST-ZIP **ATLANTA, GA 30309**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000781325
01/15/08-80030-016 500.00

**DO NOT WRITE
IN THIS SPACE**

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: *Douglas G. Dewberry, II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Douglas G. Dewberry, II, 1-7-08, 404-888-7990

STAPLE CHECK HERE