

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016000 AT

DOCUMENT # A97000001486



FILED
03 MAY -2 PM 7:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
THE ROSILE FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**2918 ALCAZAR TR.
NORTH PORT FL 34287**

Mailing Address
**2918 ALCAZAR TR.
NORTH PORT FL 34287**



2. Principal Place of Business

3. Mailing Address

**20020 VETERAN'S HWY
Suite, Apt. #, etc. 2**

**20020 VETERAN'S HWY
Suite, Apt. #, etc. 2**

DUE BY MAY 1, 2003

City & State
PORT CHARLOTTE FL
Zip
33954 Country
USA

City & State
PORT CHARLOTTE FL
Zip
33954 Country
USA

4. FEI Number **65-0767243**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERKO, ANDREW T
2918 ALCAZAR TR.
NORTH PORT FL 34287**

Name
Street Address (P.O. Box Number is Not Acceptable)
20020 VETERAN'S HWY #2
City **PORT CHARLOTTE FL** Zip Code **33954**

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 *Andrew T Herko*
Signature, typed or printed name of registered agent and title if applicable.

4/29/03
DATE

9. Capital Contributions as Shown on record. **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	
NAME	ROSILE-HERKO, JENNIFER S
STREET ADDRESS	2918 ALCAZAR TR.
CITY-ST-ZIP	NORTH PORT FL 34287
DOCUMENT #	
NAME	HERKO, ANDREW T
STREET ADDRESS	2918 ALCAZAR TR.
CITY-ST-ZIP	NORTH PORT FL 34287
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	20020 VETERAN'S HWY #2
CITY-ST-ZIP	PORT CHARLOTTE FL 33954
STREET ADDRESS	20020 VETERAN'S HWY #2
CITY-ST-ZIP	PORT CHARLOTTE FL 33954
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200017874267
CITY-ST-ZIP	05/02/03--01046--008 #141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Andrew T Herko*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)