

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016000 AT

**DOCUMENT #** A97000001486

**1. Entity Name**  
THE ROSILE FAMILY LIMITED PARTNERSHIP



FILED

03 MAY -2 PM 7:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

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

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

DUE BY MAY 1, 2003

**City & State**  
PORT CHARLOTTE FL

**City & State**  
PORT CHARLOTTE FL

**Zip** 33954 **Country** USA

**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**

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

**7. Name and Address of New Registered Agent**

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 DATE 4/29/03

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

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME ROSILE-HERKO, JENNIFER S	STREET ADDRESS	20020 VETERAN'S HWY #2
	STREET ADDRESS 2918 ALCAZAR TR.		
	CITY-ST-ZIP NORTH PORT FL 34287	CITY-ST-ZIP	PORT CHARLOTTE FL 33954
DOCUMENT #	NAME HERKO, ANDREW T	STREET ADDRESS	20020 VETERAN'S HWY #2
	STREET ADDRESS 2918 ALCAZAR TR.		
	CITY-ST-ZIP NORTH PORT FL 34287	CITY-ST-ZIP	PORT CHARLOTTE FL 33954
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	200017874267
	STREET ADDRESS		05/02/03--01046--008 #141.25
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	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:** SIGNATURE REQUIRED DATE 4/29/03

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

STAPLE CHECK HERE

CR2E003 (10/02)