


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002068</b> 1. Entity Name <b>SEYMOUR R. AND JOAN W. ROSEN FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>3009 4TH ST.          MARIANNA, FL 32446</b>			Mailing Address <b>3009 4TH ST.          MARIANNA, FL 32446</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3471260</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLEMAN, C. RANDOLPH          9250 BAYMEADOWS ROAD, SUITE 450          JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$980,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	ROSEN, SEYMOUR R		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	3009 4TH ST.		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	MARIANNA, FL 32446		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	ROSEN, JOAN W		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	3009 4TH ST.		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	MARIANNA, FL 32446		STREET ADDRESS	CITY-ST-ZIP	
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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)(f), 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					
<b>SIGNATURE:</b> <i>Joan W. Rosen</i>			<i>3/1/05 (850) 526-3937</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE



03012005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3471260 Applied For Not Applicable

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

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

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 10. Amount of Capital Contributions in FLORIDA to date.

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	MARIANNA, FL 32446				
DOCUMENT #	NAME	STREET ADDRESS	DOCUMENT #	NAME	STREET ADDRESS
	ROSEN, JOAN W	3009 4TH ST.			
	MARIANNA, FL 32446				
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