

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR -3 AM 9:50

DOCUMENT # A97000002068 1. Entity Name SEYMOUR R. AND JOAN W. ROSEN FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 3009 4TH ST. MARIANNA, FL 32446			Mailing Address 3009 4TH ST. MARIANNA, FL 32446		
2. Principal Place of Business <i>4591 Berklie Dr.</i>		3. Mailing Address <i>4591 Berklie Dr.</i>			
Suite, Apt. #, etc. <i>E</i>		Suite, Apt. #, etc.		01032006 Chg-LP CR2E003 (11/05)	
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>		4. FEI Number 59-3471260	
Zip <i>32308</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 450 JACKSONVILLE, FL 32256				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	<i>4591 Berklie Dr.</i>	
STREET ADDRESS	3009 4TH ST.		CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>	
CITY-ST-ZIP	MARIANNA, FL 32446		STREET ADDRESS	<i>4591 Berklie Dr.</i>	
DOCUMENT #	NAME		CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>	
STREET ADDRESS	3009 4TH ST.				
CITY-ST-ZIP	MARIANNA, FL 32446				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			100068090491 03/20/06 01012 001 **500.00		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
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: <i>Joan W. Rosen</i>			Date <i>3/1/06</i> Daytime Phone # <i>(850) 272-4222</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE