


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A97000002068</b> 1. Entity Name <b>SEYMOUR R. AND JOAN W. ROSEN FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>4591 BERKLIE DR TALLAHASSEE, FL 32308</b>	Mailing Address <b>4591 BERKLIE DR TALLAHASSEE, FL 32308</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>59-3471260</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COLEMAN; C. RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 450 JACKSONVILLE, FL 32256</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.	<b>U00000638883</b> <b>02/28/07-00003-011 500.00</b> DATE
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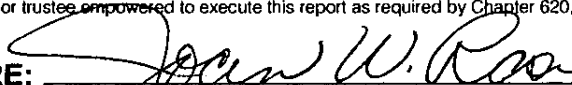
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>	
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<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>
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12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>ROSEN, SEYMOUR R</b>
STREET ADDRESS	<b>4591 BERKLIE DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
DOCUMENT #	
NAME	<b>ROSEN, JOAN W</b>
STREET ADDRESS	<b>4591 BERKLIE DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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		
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<b>2/1/07</b> Date	<b>(850) 272-4222</b> Daytime Phone #