2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT# A97000002787

1. EntityName
MOSSROADPARTNERS,LTD.

PrincipalPlaceofBusiness	MailingAddress
921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714	921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714

04192005 Chg-LP CR2E003(10/03)

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 59-3487781 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
LAFRENIERE,STEPHENJ 921DOUGLASAVE.,SUITE200 ALTAMONTESPRINGS,FL32714	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagent(andtitleifapplicable)

9. CapitalContributions asShownonrecord.	10. AmountofCapitalContributions inFLORIDAtodate.
$120,000.00	

AGENERALPARTNERTHATISABUSINESSENTITYMUSTBEREGISTEREDANDACTIVEWITHTHISOFFICE.
NOTE: GeneralPartnersMAYNOTbechangedontheform; anamendmentmustbefiledtochangeageneralpartner.

12. GENERALPARTNERINFORMATION		13. ADDRESS CHANGESONLY	
DOCUMENT#	P97000105203	STREETADDRESS	
NAME	MOSSROADOFCENTRALFLA.,INC.	CITY-ST-ZIP	
STREETADDRESS	921DOUGLASAVE.,SUITE200		
CITY-ST-ZIP	ALTAMONTESPRINGS,FL32714		
DOCUMENT#		STREETADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT#		STREETADDRESS	000000347724 04/30/05-80128-003 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;tha tIamaGeneralPartnerofthelimitedpartnershipor thereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter620,FloridaStatutes

SIGNATURE: STEPHEN J. LAFRENIERE 4/19/05 (407) 786-4001
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGGENERALPARTNER Date DaytimePhone#