

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

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

DOCUMENT# A97000002787	
1. Entity Name MOSSROADPARTNERS,LTD.	

Principal Place of Business 921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714	Mailing Address 921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



4. FEI Number 59-3487781	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAFRENIERE, STEPHEN J 921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

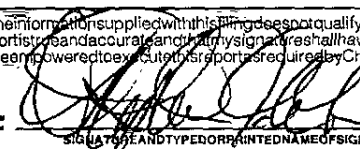
9. Capital Contributions as Shown on record. \$120,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**AGENERALPARTNERTHATISABUSINESSENTITYMUSTBEREGISTEREDANDACTIVEWITHTHISOFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT# NAME STREET ADDRESS CITY - ST - ZIP	P97000105203 MOSSROAD OF CENTRAL FLA., INC. 921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT# NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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 the receiver or trustee is empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **STEPHEN J. LAFRENIERE** 4/19/05 (407) 786-4001

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