

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000679

1. Entity Name
ROSE FAMILY INVESTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 26 AM 9:53

Principal Place of Business
3151 N.W. 63RD ST.
BOCA RATON FL 33496

Mailing Address
3151 N.W. 63RD ST.
BOCA RATON FL 33496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0819872

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, GARY J
3151 N.W. 63RD ST.
BOCA RATON FL 33496

Name GARY J. ROSE
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 [Signature]
Signature typed or printed name of registered agent and title if applicable.

DATE 4.23.03

9. Capital Contributions
as Shown on record. \$66,726.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P98000086539
NAME ROSENBERG HOLDINGS, INC.
STREET ADDRESS 3151 N.W. 63RD ST.
CITY-ST-ZIP BOCA RATON FL

*Name change
Amen.
Filed 3/13/00*

STREET ADDRESS Rose Holdings
CITY-ST-ZIP 600018563546
06/26/03--01030--004 **64.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE 4.23.03

Daytime Phone #

0012838 AT

CR2E003 (10/02)

STAPLE CHECK HERE