

2000-2002  
**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

192

DOCUMENT # *A 98000002033*

1. Entity Name

*Rosewood Phantom Partnerships Ltd*

FILED

02 JUN 28 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business

*498 Palm Springs*

Suite, Apt. #, etc.

*#270*

City & State

*Altamonte Springs, FL*

Zip

Country

*32701 USA*

3. Mailing Address

Suite, Apt. #, etc.

*same*

City & State

Zip

Country

**DUE BY MAY 1**

4. FEI Number

*593574381*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*James W. Boyle*

Street Address (P.O. Box Number is Not Acceptable)

*498 Palm Springs Rd #270*

City

*Altamonte Springs*

FL

Zip Code

*32701*

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

*[Signature]*

DATE

*6/27/02*

9. Capital Contributions  
as Shown on record.

*5000.00*

10. Amount of Capital Contributions  
in FLORIDA to date.

*5000.00*

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*James W. Boyle  
498 Palm Springs Rd #270  
Altamonte Springs FL 32701*

STREET ADDRESS

CITY - ST - ZIP

**3000006163563--4  
-07/02/02--01058--033  
\*\*\*\*423.75 \*\*\*\*423.75**

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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 670, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*6/27/02 407260 1119*

292

**BMS** **BOYLE**  
**MANAGEMENT**  
**INC. SERVICES**

James W. Boyle, CPM  
Lic. Real Estate Broker

To: Div of Corporations

From: Rosewood Phantom Partnership Ltd

Re: Annual Reports

Date: June 27, 2002

In 1999 we sent in a change of mailing address but it must not have been put into your system. Therefore we never received UBR for 200/2001/2002.

Here are the fees and please reactivate.

James W. Boyle  
General Partner

