


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002836 1. Entity Name ROSALIND VILLAS LIMITED PARTNERSHIP	
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Principal Place of Business 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	Mailing Address 247 NORTH WESTMONTE DRIVE 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



04142004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3548621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTOLO, W.TERRY 301 E. PINE ST. ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	L00000000720	STREET ADDRESS	
NAME	PICERNE ROSALIND VILLAS, LLC	CITY-ST-ZIP	
STREET ADDRESS	247 NORTH WESTMONTE DRIVE		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
DOCUMENT #	N94000003754	STREET ADDRESS	
NAME	MACEDONIA AGAPE DEVELOPMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	1800 WEST EDGEWOOD DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04

Date Daytime Phone #

STAPLE CHECK HERE