

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # A98000002836

1. Entity Name
ROSALIND VILLAS LIMITED PARTNERSHIP



Principal Place of Business
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**



03302007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3548621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COSTOLO, W.TERRY
301 E. PINE ST.
ORLANDO, FL 32801**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

U000000752923
05/21/07-80036-010 500.00

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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 # **L00000000720**
NAME **PICERNE ROSALIND VILLAS, LLC**
STREET ADDRESS **247 NORTH WESTMONTE DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

DOCUMENT # **N94000003754**
NAME **MACEDONIA AGAPE DEVELOPMENT CORP.**
STREET ADDRESS **1800 WEST EDGEWOOD DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

DOCUMENT #
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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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #