

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:20

DOCUMENT # A98000002902

1. Entity Name

ROESCH FAMILY LIMITED PARTNERSHIP



Principal Place of Business
803 STANLEY AVENUE
PENSACOLA FL 32503

Mailing Address
803 STANLEY AVENUE
PENSACOLA FL 32503



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3546783

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

ROESCH, J. CLAYTON
803 STANLEY AVENUE
PENSACOLA FL 32503

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

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

DATE

4.1.2008

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #
NAME
STREET ADDRESS
CITY- ST- ZIP
ROESCH, FRANCES
1493 ARKANSAS STREET
NAVARRE FL 32566

STREET ADDRESS

CITY- ST- ZIP

200123499552
04/15/08--01009--019 **500.00

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STREET ADDRESS

CITY- ST- ZIP

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

FRANCIS ROESCH

Daytime Phone #

5.13.2008

4.23.2008

STAPLE CHECK HERE