


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002911					
1. Entity Name ROCKWOOD/VINEYARD PARTNERSHIP, LTD.					
Principal Place of Business 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32308			Mailing Address 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04132005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3555971	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROCKWOOD, THOMSON W 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32308			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,990,000.00		10. Amount of Capital Contributions in FLORIDA to date. <u>1,200,000</u>			
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 #	L98000003479		STREET ADDRESS		
NAME	ROCKWOOD/VINEYARD, L.L.C.		CITY - ST - ZIP		
STREET ADDRESS	4018 KILMARTIN DRIVE				
CITY - ST - ZIP	TALLAHASSEE, FL 32308				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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 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: <u>Thomson W Rockwood</u> <u>THOMSON W ROCKWOOD</u> <u>4/12/05</u> <u>85053961321129</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE

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