2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 31 AM 9:44

DOCUMENT # A99000000196

1. Entity Name
SERENDIPITY PRODUCTIONS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605	1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605

01072005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3640040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROSS, ROCHELLE 1602 3RD AVENUE, YBOR CITY TAMPA, FL 33605	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	10. Amount of Capital Contributions in FLORIDA to date
$50,000.00	$10,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	H21559	STREET ADDRESS	
NAME	ROAL GROUP, INC.		
STREET ADDRESS	1602 3RD AVENUE, YBOR CITY	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33605		
DOCUMENT #		STREET ADDRESS	1602 E 3rd Ave.
NAME	GROSS, ROCHELLE		
STREET ADDRESS	1692 E. ERD AVENUE	CITY-ST-ZIP	Tampa, FL 33605
CITY-ST-ZIP	TAMPA, FL 33605		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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NAME			02/07/05--01037--022 **158.75
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Rochelle Gross Rochelle Gross 1-28-05 813.241.9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #