2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

FILED Feb 20, 2004 08:00 AM DOCUMENT # A99000000859 Secretary of State 1. Entity Name ROSBOUGH ENTERPRISES LTD. Principal Place of Business Mailing Address P.O. BOX 3206 IMMOKALEE FL 34143 7300 ROSBOUGH WAY IMMOKALEE FL 34142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ___ Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3578307 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HELLINGER, ANDREW B ESQ. Street Address (P.O. Box Number is Not Acceptable) MISHAN, SLOTO, GREENBERG, HELLINGER & UDOL 200 S. BÍSCAYNE BLVD., SUITE 2350 MIAMI FL 33131 City Zin 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 life if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$7,000,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. L99000002731 DOCUMENT / STREET ADDRESS NAME ROSBOUGH FAMILY ENTERPRISES, LLC STREET ADDRESS 7300 ROSBOUGH WAY U00000032036 03/03/04-30011-006-526.25 CITY-ST-7IP CITY ST-ZIP IMMOKALEE FL 34142 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-719 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 14. It 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:

CHECK HERE

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