

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**DOCUMENT #A99000000859**

1. Entity Name  
**ROSBOUGH ENTERPRISES LTD.**



**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**7300 ROSBOUGH WAY  
 IMMOKALEE, FL 34142**

Mailing Address  
**P.O. BOX 3206  
 IMMOKALEE, FL 34143**



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

04042005 Chg-LP CR2E003 (10/03)

4. FBI Number <b>59-3578307</b>	<input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable
5. Certificate of Status Checked	<input type="checkbox"/> <b>\$3.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**HELLINGER, ANDREW B ESQ.  
 MISHAN, SLOTO, GREENBERG, HELLINGER & UDOL  
 200 S. BISCAYNE BLVD., SUITE 2350  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is NOT acceptable)
City
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 in blue or black ink or registered agent and title if applicable **DATE** \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$7,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 filing; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000002731	STREET ADDRESS	
NAME	ROSBOUGH FAMILY ENTERPRISES, LLC	CITY ST-ZIP	
STREET ADDRESS	7300 ROSBOUGH WAY		
CITY ST-ZIP	IMMOKALEE, FL 34142		
DOCUMENT #		STREET ADDRESS	<b>UD000002294930</b>
NAME		CITY ST-ZIP	<b>04/09/05-B0008-011 52E. 25</b>
STREET ADDRESS			
CITY ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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(9)(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 member or trustee appointed to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** *Dane Futch Trustee* **4-4-05 2396573151**  
*Dane Futch* SIGNATURE AND PRINTED OR TYPED NAME AND PHONE NUMBER OF SIGNING GENERAL PARTNER Date Daytime Phone #

**STAPLE CHECK HERE**