2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Mar 29, 2007 08:00 A Secretary of State **DOCUMENT # A99000000859** 1. Entity Name ROSBOUGH ENTERPRISES LTD. Principal Place of Business Mailing Address 7300 ROSBOUGH WAY P.O. BOX 3206 IMMOKALEE, FL 34142 IMMOKALEE, FL 34143 03272007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3578307 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HELLINGER, ANDREW B ESQ DO NOT WRITE MISHAN, SLOTO, GREENBERG, HELLINGER & UDOL 200 S. BISCAYNE BLVD., SUITE 2350 IN THIS SPACE MIAMI, FL 33131 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 title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION DOCUMENT # L99000002731 ROSBOUGH FAMILY ENTERPRISES, LLC NAME STREET ADDRESS 7300 ROSBOUGH WAY CITY-ST-ZIP IMMOKALEE, FL 34142 DOCUMENT # NAME STREET ADDRESS UUSDOOS83060 CITY-ST-ZIP 04/05/07-80627-015 500.00 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP OCCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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:

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINES

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