

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000859**

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



APPROVED  
AND  
FILED

03 MAR -6 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-3578307**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$7,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **L99000002731**  
NAME **ROSBOUGH FAMILY ENTERPRISES, LLC**  
STREET ADDRESS **7300 ROSBOUGH WAY**  
CITY-ST-ZIP **IMMOKALEE FL 34142**

STREET ADDRESS

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: *Daniel G. Rosbough* **Daniel G. Rosbough** 3-3-03 239657-2241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0015451 AT

CR2E003 (10/02)

STAPLE CHECK HERE