#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Apr 12, 2007 08:00 AM
Secretary of State

| DOCUMENT # | Ł A990 | 0000 | 02275 |
|------------|--------|------|-------|
|------------|--------|------|-------|

1. Entity Name

ROLESHAR INVESTMENTS, LTD.



Principal Place of Business

120 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714 Mailing Address
120 SPRING ISLE TRAIL
ALTAMONTE SPRINGS, FL 32714



### DO NOT WRITE IN THIS SPACE

 01152007
 No Chg-LP
 CR2E003 (12/06)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, JEROME D 120 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714

# DO NOT WRITE IN THIS SPACE

| 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 \_\_\_

CITY-SI-ZIP

DOCUMENT +
NAME
STREET ADDRESS
CITY-SI-ZIP
DOCUMENT +
NAME
STREET ADDRESS
CITY-SI-ZIP
DOCUMENT +
NAME
STREET ADDRESS
CITY-SI-ZIP
COCUMENT +
NAME
STREET ADDRESS
CITY-SI-ZIP

Signature, typed or printed name of registered agent and little 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.

| NOTE. General Partners MAT NOT be changed on t |                             |  |
|--|-----------------------------|--|
| 12.  | GENERAL PARTNER INFORMATION |  |
| DOCUMENT#                                      | L99000009407                |  |
| NAME   | ROLESHAR MANAGEMENT, LLC    |  |
| STREET ADDRESS                                 | 120 SPRING ISLE TRAIL       |  |
| CITY - ST - ZIP                                | ALTAMONTE SPRINGS, FL 32714 |  |
| DOCUMENT #                                     |                             |  |
| NAME   |                             |  |
| STREET ADDRESS                                 |                             |  |
| - CITY-ST-ZIP                                  |                             |  |
| DOCUMENT #                                     |                             |  |
| NAME   |                             |  |
| STREET ADDRESS                                 |                             |  |

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## DO NOT WRITE IN THIS SPACE

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 Paymer of the limited partnership or the receiver or trustee empowered to execute his report as required by Chapter 620. Florida Statutes

SIGNATURE:

NATURE AND PROPERTY OR PRINTED NAME OF BIGNING GENERAL PAR

Daytime Phone #