2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Apr 18, 2008 08:00 A Secretary of State

| DOCU | MEN | T#A99 | 000002275 |
|------|-----|-------|-----------|
|------|-----|-------|-----------|

1. Entity Name

ROLÉSHAR INVESTMENTS, LTD.



Principal Place of Business

120 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714 Mailing Address

120 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714



01242008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3425717

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

| | named entity submits this statement for the purpose of changing its regions of registered agent. | gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | |
|-----------------|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | DATE | |
| | FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0 | 0 | |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the | TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner. | |
| 12. | GENERAL PARTNER INFORMATION | | |
| DOCUMENT # | L9900009407 | | |
| NAME | ROLESHAR MANAGEMENT, LLC | | |
| STREET ADDRESS | 120 SPRING ISLE TRAIL | 800000907553 05/09/09-80042-025 500 00 | |
| CITY - ST - ZIP | ALTAMONTE SPRINGS, FL 32714 | | |
| DOCUMENT # | | 보다(하다) 없는 보았는데도 보고나 시간되고있다. | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-SI-ZIP | | | |
| DOCUMENT # | | | |
| NAME | | DO NOT MOITE | |
| STREET ADDRESS | | DO NOT WRITE | |
| CITY - ST - ZIP | · | IN THIS COACE | |
| DOCUMENT# | | IN THIS SPACE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | | |
| NAME | | | |
| STREET ADDRESS | | , | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapte 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 path; that 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:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

Jerome D Feinstein

4/13/0/8 4078620g.