

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122005 Chg-LP CR2E003 (10/03)

DOCUMENT # B00000000293

1. Entity Name
DENIS AND DEBRA ROTOLANTE FAMILY LIMITED
PARTNERSHIP



Principal Place of Business

8820 SW 131 ST
MIAMI, FL 33176

Mailing Address

8820 SW 131 ST
MIAMI, FL 33176

2. Principal Place of Business

8550 S.W. 162 St

Suite, Apt. #, etc.

3. Mailing Address

8550 SW 162 St

Suite, Apt. #, etc.

City & State

Palmetto Bay FL

Zip
33157

Country

City & State

Palmetto Bay, FL

Zip
33157

Country

4. FEI Number

65-1043544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTOLOANTE, DEBRA B
6200 S.W. 132ND STREET
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8550 S.W. 162 St

City

Palmetto Bay

FL

Zip Code

33157

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

Debra B Rotolante

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

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # F00000005366
NAME ROTOLANTE FAMILY MANAGEMENT, INC.
STREET ADDRESS 6200 S.W. 132ND STREET
CITY - ST - ZIP MIAMI, FL 33156

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

8550 S.W. 162 St

CITY - ST - ZIP

Palmetto Bay, FL 33157

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

000054201068
05/10/05--01020--022 **150.00

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:

Debra B Rotolante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/05 305.254-0000

Date

Daytime Phone

STAPLE CHECK HERE