2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # B00000000293

DENÍS AND DEBRA ROTOLANTE FAMILY LIMITED **PARTNERSHIP**



FILED Apr 02, 2007 08:00 A Secretary of State

Principal Place of Business

8550 SW 162 ST PALMETTO BAY, FL 33157 Mailing Address

8550 SW 162 ST

PALMETTO BAY, FL 33157



03302007 No Chg-LP

CR2E003 (12/06)

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

ROTOLANTE, DEBRA B

DO NOT WRITE

8550 SW 162 ST PALMETTO BAY, FL 33157		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. Fam familiar with, and accept the obligations of registered agent.			
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable.		DATE
FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		0	
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.			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION F00000005366 ROTOLANTE FAMILY MANAGEMENT, INC. 8550 SW 162 ST PALMETTO BAY, FL 33157		U00000687755 04/10/07-80052-019 500.00 OT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS		IN IF	IIS SPACE
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS			

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 empaweled to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY - ST- ZIP