2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # B00000000293

1 Entity Name

DENIS AND DEBRA ROTOLANTE FAMILY LIMITED PARTNERSHIP



FILED Apr 18, 2008 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



DO NOT WRITE IN THIS SPACE

03292008 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 8550 SW 162 ST PALMETTO BAY, FL 33157

DO NOT WRITE IN THIS SPACE

| 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 the obligations of registered agent | I am familiar with, and accept |
|--|--------------------------------|
| SIGNATURE Signature hand a purificulty page of properties of special and the desperable | AYE |

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

12. GENERAL PARTNER INFORMATION F00000005366 DOCUMENT # ROTOLANTE FAMILY MANAGEMENT, INC. NAME STREET ADDRESS 8550 SW 162 ST CITY-ST-ZIP PALMETTO BAY, FL 33157 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

U00000907603 05/05/08-80043-025 500.00

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NAME
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NAME
STREET ADDRESS

14. If 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 employered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/08 305-254-0000