

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

**DOCUMENT # B05000000275**

1. Entity Name

THE BRUCE AND ROCHELLE, LP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:58

Principal Place of Business

1085 HWY A1A UNIT 1601  
SATELLITE BEACH, FL 32937

Mailing Address

2001 GRAND ISLAND COURT  
LAS VEGAS, NV 89117



02012007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

86-0885579

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEGALA, CESAR B  
1085 HIGHWAY A1A, UNIT 1601  
SATELLITE BEACH, FL 32937

**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

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

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	DEGALA, CESAR B	2001 GRAND ISLAND COURT	LAS VEGAS, NV 89117
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	DEGALA, LILY B	2001 GRAND ISLAND COURT	LAS VEGAS, NV 89117
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

100088445491  
02/15/07--01037--015 \*\*508.75

**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 Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/1/07 (702) 300 4162

STAPLE CHECK HERE