

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

97100



02182005 Chg-LP CR2E003 (10/03)

DOCUMENT # B98000000429
1. Entity Name
ROSEBAY INVESTORS LP



Principal Place of Business
9198 GREENBACK LANE
SUITE 115
ORANGEVILLE, CA 95662

Mailing Address
9198 GREENBACK LANE
SUITE 115
ORANGEVILLE, CA 95662

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip **Country**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **Country**

4. FEI Number
93-1194092

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEBB, RICHARD S IV, ESQ
2033 MAIN STREET, STE. 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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**

9. Capital Contributions **\$354,362.00** **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 #	M98000000682
NAME	ROSEBAY MANAGEMENT LLC
STREET ADDRESS	9198 GREENBACK LANE
CITY- ST- ZIP	ORANGEVILLE, CA 95662
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
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CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	U000000346167
CITY- ST- ZIP	04/30/05-800655-010 526.25
STREET ADDRESS	
CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	

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: *Lori Brenning* **Lori Brenning** **4-18-05** **916-989-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE