2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # B98000000429 ROSEBAY INVESTORS LP

Principal Place of Business

9198 GREENBACK LANE

ORANGEVILLE, CA 95662

SUITE 115

Mailing Address

9198 GREENBACK LANE SUITE 115 ORANGEVILLE, CA 95662

FILED Apr 19, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04122007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 93-1194092 Not Applicable

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

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		
	эфизите, турен от ричтен такое от герваетен верпи это кие и вррикане	1941g
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 #	M9800000692	
NAME	ROSEBAY MANAGEMENT LLC	
STREET ADDRESS	9198 GREENBACK LANE	
CITY-ST-ZIP	ORANGEVILLE, CA 95662	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		DO NOT WOITE
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THE OBACE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		

14. I hereby certify that the information supplied with this filling 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:

E CHECK HERE

STREET ADDRESS

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

> Klonene SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

U00000718387

05/01/07-80021-001 500.00