

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002068

**Entity Name:** SEYMOUR R. AND JOAN W. ROSEN FAMILY PARTNERSHIP, LTD.

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC7635477853**

**Current Principal Place of Business:**

4591 BERKLIE DR  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

4591 BERKLIE DR  
TALLAHASSEE, FL 32308

**FEI Number: 59-3471260**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSEN, JOAN W  
4591 BERKLIE DR  
TALLAHASSEE, FL 32308 US

*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.*

**SIGNATURE:** JOAN W ROSEN

02/18/2015

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

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Name ROSEN, SEYMOUR R

Name ROSEN, JOAN W

Address 4591 BERKLIE DR

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City-State-Zip: TALLAHASSEE FL 32308

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOAN W. ROSEN

**PARTNER**

02/18/2015

Electronic Signature of Signing General Partner Detail

Date