2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001290

1. Entity Name
R.E.C. ASSET MANAGEMENT, LLP

Principal Place of Business	Mailing Address
% ROBERT E. CLAYPOOLE 3211 OLD BARN COURT PONTE VEDRA BEACH, FL 32082	% ROBERT E. CLAYPOOLE 3211 OLD BARN COURT PONTE VEDRA BEACH, FL 32082
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01142005 Chg-LP CR2E003 (10/03)

4. FEI Number 22-3248153 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CLAYPOOLE, ROBERT E
3211 OLD BARN COURT
PONTE VEDRA BEACH, FL 32082

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $978,120.00

10. *Amount of Capital Contributions* in FLORIDA to date. — 0 —

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	THE ROBERT E. CLAYPOOLE LIVING TRUST		
STREET ADDRESS	3211 OLD BARN COURT	CITY-ST-ZIP	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
DOCUMENT #		STREET ADDRESS	000000255299 03/08/05-80008-021 141.25
NAME	THE NANCY P. CLAYPOOLE LIVING TRUST		
STREET ADDRESS	3211 OLD BARN COURT	CITY-ST-ZIP	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
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STAPLE CHECK HERE

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: Robert E. Claypoole — 3/1/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #