2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A03000001272

Principal Place of Business

520 BLUE HERON DR.

ANNA MARIA, FL 34216

RBD & MJD FAMILY LLLP

Mailing Address

PO BOX 4040 ANNA MARIA, FL 34216

520 BLUE HERON DR.

FILED Apr 09, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 04022007 | No Chg-LP | CR2E003 (| (12/06) |
|----------|-----------|-----------|---------|

| 4. FEI Number | Applied For |
|----------------------------------|-----------------------------------|
| 02-0703694 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |

DATTOLI, BEATRIZ

DO NOT WRITE

| the obligations of registered agent. | IN THIS SPACE gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | |
|--|---|--|
| 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 | 000000696964 04/18/07-80022-003 500.00 | |
| NOTE: General Partners MAY NOT be changed on the form | IUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. n; an amendment must be filed to change a general partner. | |
| 12. GENERAL PARTNER INFORMATION DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS | IN THIS SPACE | |

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 920, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE