


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # A03000001272

1. Entity Name
RBD & MJD FAMILY LLLP



| | |
|---|--|
| Principal Place of Business 520 BLUE HERON DR. ANNA MARIA, FL 34216 | Mailing Address 520 BLUE HERON DR. PO BOX 4040 ANNA MARIA, FL 34216 |
|---|--|

DO NOT WRITE IN THIS SPACE



04062008 No Chg-LP CR2E003 (12/06)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 02-0703694 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

DATTOLI, BEATRIZ
520 BLUE HERON DR
PO BOX 4040
ANNA MARIA, FL 34216

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # | L03000031626 |
| NAME | RBD, LLC |
| STREET ADDRESS | 520 BLUE HERON DR. |
| CITY-ST-ZIP | ANNA MARIA, FL 34216 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/25/08-80044-024 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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: *Beatriz Dattoli* 4/6/08 941 778-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #