2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 APR 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A17661

1. Entity Name
R.R.R., LIMITED

Principal Place of Business	Mailing Address
4073 SE FAIRWAY DR. EAST STUART, FL 34997	4073 SE FAIRWAY DR. EAST STUART, FL 34997

04062005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
		421 B.B. SAMS DR.	
Suite, Apt #, etc.		Suite, Apt. #, etc. DATAW ISLAND	
City & State		City & State SOUTH CAROLINA.	
Zip	Country	Zip 29920	Country BEAUFORT

4. FEI Number: 31-1137003 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ROBY, RICHARD W.
4073 SE FAIRWAY DRIVE EAST
STUART, FL 34997

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

800054206928
~~05/10/05 01044 014 **141.25~~

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

9. Capital Contributions as Shown on record. $0.00

10. Amount of Capital Contributions in FLORIDA to date

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBY, RICHARD W. 4073 SE FAIRWAY DRIVE E STUART, FL	STREET ADDRESS CITY-ST-ZIP	421 BB Sams Dr 29920 DATAW ISLAND SOUTH CAROLINA
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #