

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 25 AM 7:45

|                                   |  |                                                                                   |
|-----------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # A17661                 |  |  |
| 1. Entity Name<br>R.R.R., LIMITED |  |                                                                                   |

|                                                                    |                                                               |
|--------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br>5250 CONWAY RD<br>ORLANDO, FL 32812 | Mailing Address<br>421 B.B. SAMS DR<br>DATAN ISLAND, SC 29970 |
|--------------------------------------------------------------------|---------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |



|                                                           |        |                                |
|-----------------------------------------------------------|--------|--------------------------------|
| 01162007                                                  | Chg-LP | CR2E003 (12/06)                |
| 4. FEI Number<br>31-1137003                               |        | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> |        | \$8.75 Additional Fee Required |

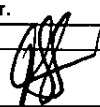
|                                                                                    |  |                                                    |          |
|------------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                                    |  | 7. Name and Address of New Registered Agent        |          |
| ROBY, RICHARD W<br>1555 NW ST LUCIE W BLVD<br>SUITE 201<br>PORT ST LUCIE, FL 34986 |  | 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.

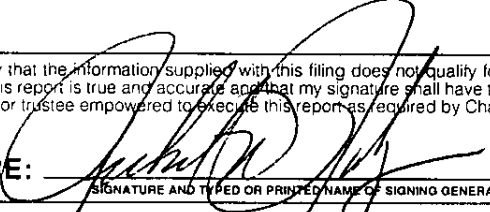
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 |                        | 13. ADDRESS CHANGES ONLY |                                                                                       |
|---------------------------------|------------------------|--------------------------|---------------------------------------------------------------------------------------|
| DOCUMENT #                      | ROBY, RICHARD W.       | STREET ADDRESS           |  |
| NAME                            | 421 BB SAMS DR         | CITY-ST-ZIP              |                                                                                       |
| STREET ADDRESS                  | DATAN ISLAND, SC 29920 |                          |                                                                                       |
| DOCUMENT #                      |                        | STREET ADDRESS           | 200086797952<br>01/31/07--01012--020 **500.00                                         |
| NAME                            |                        | CITY-ST-ZIP              |                                                                                       |
| STREET ADDRESS                  |                        |                          |                                                                                       |
| DOCUMENT #                      |                        | STREET ADDRESS           |                                                                                       |
| NAME                            |                        | CITY-ST-ZIP              |                                                                                       |
| STREET ADDRESS                  |                        |                          |                                                                                       |
| DOCUMENT #                      |                        | STREET ADDRESS           |                                                                                       |
| NAME                            |                        | CITY-ST-ZIP              |                                                                                       |
| STREET ADDRESS                  |                        |                          |                                                                                       |
| DOCUMENT #                      |                        | STREET ADDRESS           |                                                                                       |
| NAME                            |                        | CITY-ST-ZIP              |                                                                                       |
| STREET ADDRESS                  |                        |                          |                                                                                       |
| DOCUMENT #                      |                        | STREET ADDRESS           |                                                                                       |
| NAME                            |                        | CITY-ST-ZIP              |                                                                                       |
| STREET ADDRESS                  |                        |                          |                                                                                       |

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:  DATE: 1-20-07 DAYTIME PHONE: 843 838 7930

START CHECK HERE