

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #A9900000440**

1. Entity Name  
**THE R.L.H. FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**138 S. STATE ROAD, #415**  
**NEW SMYRNA BEACH, FL 32168**

Mailing Address  
**138 S. STATE ROAD, #415**  
**NEW SMYRNA BEACH, FL 32168**



02252006 No Chg-LP CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3638477** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HART, ROBERT L**  
**138 S. STATE ROAD 415**  
**NEW SMYRNA BEACH, FL 32168**

**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, 2006, Fee will be \$900.00**

000000542131  
 05/10/06 80096-001-500.00

**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 #	P89000015996
NAME	R.L.H. ADVISORY, INC.
STREET ADDRESS	138 S. STATE ROAD 415
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Robert L Hart **3-27-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #