
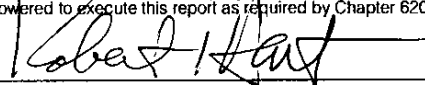


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 29 AM 11:05

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06302005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3638477	
Zip		Country		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		
HART, ROBERT L 138 S. STATE ROAD 415 NEW SMYRNA BEACH, FL 32168			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	P99000015996		STREET ADDRESS		
NAME	R.L.H. ADVISORY, INC.		CITY-ST-ZIP		
STREET ADDRESS	138 S. STATE ROAD 415				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168				
DOCUMENT #			STREET ADDRESS	800059610918	
NAME			CITY-ST-ZIP	09/14/05 01027 000 **526.25	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			JULY 18, 2005		(386)527-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ROBERT L. HART			Date		Daytime Phone #

STAPLE CHECK HERE