

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 AUG 29 AM 11:05

**DOCUMENT # A99000000440**

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.

06302005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
 59-3638477

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

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

DATE

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 ROBERT L. HART

JULY 18, 2005

(386)527-6010

Date

Daytime Phone #

STAPLE CHECK HERE