

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 80096-001-509.00

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	
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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 #