

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:43

<b>DOCUMENT # A99000000440</b> 1. Entity Name THE R.L.H. FAMILY LIMITED PARTNERSHIP	
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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
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2. Principal Place of Business - No P.O. Box # 252 S. State Road #415 Suite, Apt. #, etc.	3. Mailing Address PO BOX 1500 Suite, Apt. #, etc.
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City & State New Smyrna Beach, Florida Zip 32168 Country Volusia	City & State NEW SMYRNA BCH, FLORIDA Zip 32170 Country VOLUSIA
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04182008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3638477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2008, Fee will be \$900.00**

900130293029  
 05/28/08--01002--002 \*\*\$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	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
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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 4/24/08 (386)527-6010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE