

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 12:43

DOCUMENT # A99000000440 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	3. Mailing Address PO BOX 1500
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Smyrna Beach, Florida	City & State NEW SMYRNA BCH, FLORIDA
Zip 32168	Country Volusia
Zip 32170	Country VOLUSIA

	
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		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

B. 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000015996 R.L.H. ADVISORY, INC. 138 S. STATE ROAD 415 NEW SMYRNA BEACH, FL 32168	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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 **4/24/08** **(386)527-6010**
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #