

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # A00000000515

1. Entity Name

THE RJB FAMILY LIMITED LIABILITY PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:15

Principal Place of Business

137 OLD CARRIAGE RD.
 PONCE INLET FL 32127

Mailing Address

137 OLD CARRIAGE RD.
 PONCE INLET FL 32127

2. Principal Place of Business

#3 OCEANS WEST BLVD

3. Mailing Address

P.O. Box 238417

Suite, Apt. #, etc.

UNIT 5C5

Suite, Apt. #, etc.

City & State

DAYTONA BEACH SHORES, FL

City & State

PORT ORANGE, FL

Zip

32118

Country

USA

Zip

32123

Country

USA

[Handwritten initials]



1st MOORE

CR2E003 (10/05)

4. FEI Number

59-3637708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLICK, JAMES J
 940 HIGHLAND AVENUE
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

HOWARD CAUVEL

Street Address (P.O. Box Number is Not Acceptable)

233 E. RICH AVE

City

DE LAND

FL

Zip Code

32724

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

[Handwritten signature]

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

3/27/06
 DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #
 NAME BEAUREGARD, RICHARD J TRUSTEE
 STREET ADDRESS 137 OLD CARRIAGE RD.
 CITY-ST-ZIP PONCE INLET FL 32127

13. ADDRESS CHANGES ONLY

STREET ADDRESS #3 OCEANS WEST BLVD UNIT 5C5
 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

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900072374249
 04/27/06--01034--019 **500.00

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:

[Handwritten signature]

RICHARD J BEAUREGARD

3/27/06

(386) 801-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE.