


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000547 1. Entity Name FLATAUR RC, LTD.					
Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE SUITE 206 DEERFIELD BEACH, FL 33442			Mailing Address 1350 EAST NEWPORT CENTER DRIVE SUITE 206 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03152005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-1007686				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAY, JAMES R ESQ KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., SUITE 102B PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$100.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P00000025408		STREET ADDRESS		
NAME	REACOM, INC.		CITY-ST-ZIP		
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, STE 206				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Linda G. Kassof</i>			Linda G. Kassof 04/22/2005 (954) 428-4585		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



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Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
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SIGNATURE: *Linda G. Kassof*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Linda G. Kassof 04/22/2005 (954) 428-4585
 Date Daytime Phone #

STAPLE CHECK HERE